

FILE TITLE/NUMBER/VOLUME: TARASOFF, ANNA  
OFFICIAL PERSONNEL FILE

INCLUSIVE DATES:

CUSTODIAL UNIT/LOCATION:

ROOM:

DELETIONS, IF ANY:

[illegible]

NO DOCUMENTS MAY BE COPIED OR REMOVED FROM THIS FILE.

SECRET

26 March 1971

MEMORANDUM FOR : Office of Finance/C&TD

SUBJECT : Verification of Contract Service for  
[redacted] (P), Terminated Contract Employee

1. During period 8 April 1957 through 8 September 1953, subject served as an Agency Staff Employee. During this period, subject was a participating member of the Civil Service Retirement System.

2. During period 15 July 1964 through 19 October 1970, subject served as a part-time contract employee on a prearranged regular scheduled tour of duty. With respect to this period of service:

(a) Period 15 July 1964 through 7 September 1967 is creditable for purposes of Civil Service Retirement. Since subject was covered by Social Security during this period, Civil Service Retirement deductions were not withheld.

(b) During period 8 September 1967 through 19 October 1970, subject was a participating member of the Civil Service Retirement System.

3. Action Required:

(a) Office of Finance: Please post the above information to subject's retirement records.

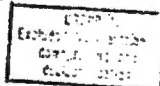
(b) DDP/WH/Contracts: For your information.

/s/ [redacted]  
Chief  
Contract Personnel Division

Distribution:

Orig - O/F/C&TD  
1 - WH/Contracts  
1 - CPD subject file  
1 - CPD chrono

SECRET



11 MAR 1971

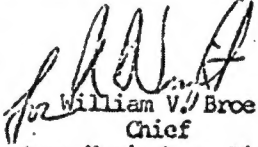
MEMORANDUM FOR: Chief, Contract Personnel Division  
SUBJECT : Civil Service Retirement Credit

1. It is requested that information be provided as to the creditable service for the Civil Service Retirement program for the following individuals.

[REDACTED]  
[REDACTED]  
[REDACTED]

2. Although the named individuals are no longer employed by the Organization, the creditable service can be of particular significance to each.

3. Your early attention to the request will be appreciated.

  
William V. Broe  
Chief  
Western Hemisphere Division

SECRET

SECRET

23 March 1971

MEMORANDUM FOR: Contract Personnel Division

SUBJECT:

Following are the total number of hours for each year  
worked by  under contract. The informa-

tion was provided this office by Payroll.

Period of Service From	To	Year	Hours Worked
15 Jan 64	Dec 64	1964	551 hours
Jan 65	Dec 65	1965	789
Jan 66	Dec 66	1966	1091
Jan 67	Dec 67	1967	1092
Jan 68	Dec 68	1968	1486
Jan 69	Dec 69	1969	1414
Jan 70	19 Oct 70	1970	1217

Down: This gal had two contracts. The first one included a leave benefit. This first K ended and was immediately replaced by a 2nd K, which included Civil Service Retirement.

From the number of hours worked I feel we can make a determination that she during the full period she worked ~~2200~~ in a part-time basis on a prearranged reg. sch. tour of duty. If you concur, I will write a std. type memo to C/Finance.

Subject is now terminated, but in WH field with her husband. Bill Kenahan has a dispatch in asking that Hqtrs. verify her total K service.

Paul.  
23 Mar 71

ok - DK

SECRET

Contract Service -  (P)

<u>Date</u>	<u>Action</u>	<u>Compensation</u>	<u>Remarks</u>
8 Apr 57	CIA Staff Employee service		
8 Sep 63			
15 Jul 64	Contract Employee with Social Security. No LPAs or PSIs.	\$2.59 p.h.	
24 Aug 64	Pay increase	2.72	
10 Oct 65	Pay increase	<del>2.80</del>	
	Authorized future LPAs.	2.82	
3 Jul 66	LPI	2.90	
7 Sep 67	Contract terminated	2.90	
8 Sep 67	Contract Employee with <del>Social</del> Civil Service Retirement, and LPAs. No PSIs.	2.90	
8 Oct 67	LPI	3.03	
14 Jul 68	LPI	3.12	GS-05/5
13 Jul 69	LPI	3.37	GS-05/5
28 Dec 69	LPI	3.57	GS-05/5
19 Oct 70	Contract terminated	3.57	"

NOTE: On 24 Mar 1971, subject's official Staff Employee file was reviewed. It reflected; (a) staff employee service from 8 Apr 57 to 8 Sep 63; (b) during entire period was a participating member of the Civil Service Retirement System; (c) she was on LWOP during period 12 Jun-8 Sep 63; and her SF-114 dated 8 Apr 57 reflect no prior Federal Service.

1. LAST NAME <b>TARASOFF</b>		APPOINTMENT DATA 7/15/67		3. TOTAL SERVICE FOR LEAVE (as of date of separation)	
4. DATE AND NATURE OF SEPARATION <b>Contract terminated 10/19/70</b>		Subject to Sec 503(d), 1951 Leave Act Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Ceased to be subject to Sec 203(d) on Annual Leave Bal		Years Months Days <input type="checkbox"/> More than 15 years	
SUMMARY OF ANNUAL AND SICK LEAVE (HOURS)			SUMMARY OF HOME LEAVE (DAYS)		
5. Balance from prior leave year ended 1/10	ANNUAL	SICK	14. Date arrival abroad for HL purposes	NONE	
19 70	275	256	15. Current balance as of 19	7/15/64	
6. Current leave year accrual through 10/17	89	56	16. 12-month accrual rate		
19 70	364	312	17. Dates leave used prior 24 months		
7. Total			18. Monthly accrual date		
8. Reduction in credits, if any (current year)	0	0	19. Calendar days credit for next accrual date		
9. Total leave taken	364	312	20. Date basic service period completed		
10. Balance			MILITARY LEAVE		
11. Total hours paid in lump sum 360hrs 2 holidays			21. Dates during current calendar yr	to	
12. Salary rate(s) \$3.57 p/h			22. Dates during preceding calendar yr	to	
13. Lump sum leave dates From 0800 10/17 to 1700 12/22/70 0 (Hours)			ABSENCE WITHOUT PAY		
20. Cert. Officer (Signature) Auth cert. officer (Date)			23. During leave year in which separated	LWOP or AWOL or Furlough/Suspension (Hours)	
(Telephone)			24. During step-increase waiting period which began on 8/14/64	0 0	
			25. During 12-month HL accrual period (dates)	0 0	

RECORD OF LEAVE DATA TRANSFERRED

U.S. CIVIL SERVICE COMMISSION  
FPM SUPPLEMENTS 296-31 AND 990-2

**SECRET**  
(When Filled In)

### NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER <b>0131751</b>		2. NAME (LAST-FIRST-MIDDLE) <div style="background-color: black; width: 150px; height: 1.2em; margin: 2px;"></div>		3. NATURE OF PERSONNEL ACTION <b>CONTRACT TERMINATION (1BCHL01)</b>		4. EFFECTIVE DATE MO: <b>12</b> DA: <b>1</b> YR: <b>70</b>		5. CATEGORY OF EMPLOYMENT <b>CONTRACT-TYPE A (5)</b>																					
6. FUNDS V TO V <input type="checkbox"/> V TO CF <input checked="" type="checkbox"/> CF TO V <input type="checkbox"/> CF TO CF <input type="checkbox"/>		7. FINANCIAL ANALYSIS NO CHARGEABLE <b>1155-C970</b>		8. CSC OR OTHER LEGAL AUTHORITY		9. ORGANIZATION DESIGNATIONS <b>CONTRACTORATE WESTERN HEMISPHERE DIV</b>																							
11. POSITION TITLE <b>TRANSLATOR</b>		12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION																									
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) <b>(PART TIME) GS</b>		15. OCCUPATIONAL SERIES <b>10-5.01</b>		16. GRADE AND STEP <b>GS 5</b>		17. SALARY OR RATE ORG: 071564 LAI: 071564																							
<p align="center"><b>STATUS INFORMATION</b></p> <p>             BIRTH DATE: 23 SEX: F MARITAL ST: MAR NO. DEPENDENTS: 00              CITIZENSHIP: CS/BIRTH LONGEVITY COMP: 071564 FED SERVICE COMP:              TYPE RETIREMENT: CSC HOSPITALIZATION: F PLAN:              FEGLI: YES PREV. GOVT SERV: 3 SAL. TASK LIMIT:              PAY BASIS: H A/L IND: 3 S/L IND: 3           </p>																													
<p align="center"><b>CONTRACT INFORMATION</b></p> <p>             EFF DATE: 090357 EXPIRATION DATE: 090771 DATE ORIG CONTRACT: 071564              REFERRING OFFICER: WH ADMIN REFR ORG: WH PHONE: 4-60           </p>																													
<p align="center"><b>ENTITLEMENTS/ELIGIBILITIES/ALLOWANCES</b></p> <table style="width:100%; font-size: small;"> <tr> <td>TAX STAFF: Y</td> <td>FLD EXMP: N</td> <td>STATE EXMP: N</td> <td>STATE: N</td> </tr> <tr> <td>TRAVEL: NNN</td> <td>OPS EXPENSE: N</td> <td>HOUSING: A</td> <td>POST/EQUAL: N</td> </tr> <tr> <td>HOME LEAVE: 0</td> <td>DIFFERENTIAL: N</td> <td>OFFSET CLAUSE: N</td> <td>STU GOVT: N</td> </tr> <tr> <td>LEGISL PAY: Y</td> <td>PREMIUM PAY: N</td> <td>ALLOWANCE COMM: N</td> <td>EDUCATION: N</td> </tr> <tr> <td>STEP INCRS: N</td> <td>GTH TAX ENTL: N</td> <td>OTHER ALLOWNS: N</td> <td>SEPARATION: A</td> </tr> </table>										TAX STAFF: Y	FLD EXMP: N	STATE EXMP: N	STATE: N	TRAVEL: NNN	OPS EXPENSE: N	HOUSING: A	POST/EQUAL: N	HOME LEAVE: 0	DIFFERENTIAL: N	OFFSET CLAUSE: N	STU GOVT: N	LEGISL PAY: Y	PREMIUM PAY: N	ALLOWANCE COMM: N	EDUCATION: N	STEP INCRS: N	GTH TAX ENTL: N	OTHER ALLOWNS: N	SEPARATION: A
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STEP INCRS: N	GTH TAX ENTL: N	OTHER ALLOWNS: N	SEPARATION: A																										
<p>NOTE: ITEMS PRECEDED BY AN ASTERICK * REFLECT CHANGED DATA</p>																													
SIGNATURE OR OTHER AUTHENTICATION																													

SECRET

DUPLICATE				SECRET	
CLEARANCE SHEET FOR TERMINATION OF CONTRACT PERSONNEL					DATE
THIS FORM MUST BE SIGNED AND SUBMITTED IN DUPLICATE					25 January 1971
PERSONAL DATA					
NAME (Last, First, Middle - true or pseudonym)			OFFICE AND BRANCH OF ASSIGNMENT		
(P)			DOP/31/1		
LOCAL ADDRESS			PERMANENT ADDRESS		
Mexico City, Mexico			Cleveland, Ohio		
PERMANENT STATION OR BASE			POSITION OR FUNCTIONAL TITLE		
Mexico City, Mexico			Contract Employee, Type B		
CONTRACT DATA					
DATE CONTRACT EFFECTIVE		DATE CONTRACT LAST RENEWED		DATE CONTRACT EXPIRES	
15 July 1964		8 September 1970		7 September 1971	
DATE OF CONTRACT TERMINATION					
19 October 1970					
REASON FOR CONTRACT TERMINATION					
Retirement of husband.					
INTERNAL STAFF OR DIVISION CLEARANCES (Add or delete as applicable)					
COMPONENT	CLEARED BY	DATE	REMARKS		
FINANCE					
LOGISTICS					
SECURITY					
Security					
CONTRACT APPROVING OFFICER			CLEARED BY (Signature)		DATE
			W.S. Benehan, C/H/Contracts		
SCHEDULE OF INTERVIEWING OFFICES					
(OFFICES NOT REQUIRING INTERVIEW WILL SO INDICATE)					
OFFICE	SCHEDULE			INTERVIEWING OFFICIAL	
	DATE	TIME	LOCATION	CLEARED BY (Signature)	
CENTRAL COVER STAFF				DATE	
OFFICE OF SECURITY PSD			OS #131 751 13 July 64	CLEARED BY (Signature)	
OFFICE OF PERSONNEL CPD				DATE	
				CLEARED BY (Signature)	
				DATE	
REMARKS (Please initial)					
Duplicate - advance copy to OF/C&TD/CEAS 30 October 1970.					
REVIEWED: /s/ [Signature] Special Contract Officer					
STAFF OR DIVISION AND BRANCH OF ASSIGNMENT			SIGNATURE OF STAFF OR DIVISION RESPONSIBLE OFFICER		DATE
C/H/1					



HIGH 3 BASED ON LAST 3 YEARS HS CONTRACT  
 OCT 67 - DEC 67 \$6010.02  
 JAN - DEC 68 4549.34  
 JAN - DEC 69 4935.06  
 JAN - OCT 70 4335.49

$$\$14428.89 \div 3 = \$4809.63$$

HIGH 3 RENTAL

$$1\frac{1}{2}\% \times 4809.63 \times 5 = \$360.70$$

$$1\frac{3}{4}\% \times 4809.63 \times 5 = 420.85$$

$$2\% \times 4809.63 \times 2.5 = \underline{240.48}$$

$$\$1022.03 \text{ ANNUITY}$$

HIGH 3 BASED ON LAST 3 YEARS ~~HS~~ STAFF  
 JUN 62 - JUN 63 \$5545 65 6/4  
 JUN 61 - JUN 62 5160 6/3  
 JAN 61 - JAN 61 2497 6/2  
 JUN 60 - DEC 60 3255 5/2  
 $\$15457 \div 3 = \$5152.33$

HIGHER  
ANNUITY

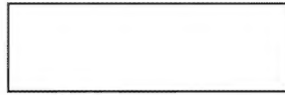
$$1\frac{1}{2}\% \times \$5152.33 \times 5 = \$396.45$$

$$1\frac{3}{4}\% \times \$5152.33 \times 5 = 450.85$$

$$2\% \times \$5152.33 \times 2.5 = \underline{257.63}$$

$$\underline{\underline{\$1094.93 \text{ ANNUITY}}}$$

Jty



(P) TARASOFF

8 FEB

1. She is not eligible for retirement  
annuity until she's 62 yrs old - on  
5 May 1985.

10

STAFF (CSR) Apr 57 - Jun 63 Nov 63

→ CONTRACT (SS) Jul 64 - Sept 67

" (CSR) Sept 67 - Oct 70

For  
Initiation  
NO Refund of Retirement deductions has been  
made, either from Staff or Contract employment.  
Form 2802

Resignation effective } \$1781.83  
2 Sept 1963

57-63  
67-70

CS Deductions while a Staffer \$1781.83  
" " " Contract 961.24  
TOTAL \$2743.07

Sept \$2.90

9 Oct 67 \$3.03

14 Jul 3.12

Same

Sept 67 \$6.09 Dec 67

68 \$4549.34

69 4935.06

Oct 70 4335.47

Oct 70

Apr 57

13/156 MONTHS  
514233

3/15457.00

$$\begin{array}{r} 1236 \\ 1510 \end{array}$$

<b>DISPATCH</b>		CLASSIFICATION <b>SECRET</b>	PROCESSING ACTION
TO Chief, WH Division			MARKED FOR INDEXING
INFO.			NO INDEXING REQUIRED
FROM Chief of Station, Mexico City <i>CCM</i>			ONLY QUALIFIED DESK CAN JUDGE INDEXING
SUBJECT AMMUN/CONTRACTS - Termination			REPRODUCTION
ACTION REQUIRED - REFERENCES			
<p>1. [ ] contract was terminated effective 19 October 1970. Since her husband is retiring, she will no longer be available for employment.</p> <p>2. Submitted herewith is a signed contract termination and termination secrecy oath.</p> <p style="text-align: right;"><i>Zachary T. Atlanta</i> Zachary T. ATLANTA</p> <p>Attachments:</p> <p>Contract termination - - - Orig &amp; 1. h/w Termination secrecy oath - Orig &amp; 1. h/w</p> <p>Distribution:</p> <p>Orig &amp; 2 - Chief, WH Division w/att.</p> <p><i>Recd</i> 30 OCT 1970</p>			
CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER HMMT 10,578	DATE 22 October 1970	
	CLASSIFICATION <b>SECRET</b>	WQS FILE NUMBER	

SECRET

TERMINATION SECURITY OATH

I, , am about to terminate my association with the Organization. I realize that, by virtue of my duties with the Organization, I have been the recipient of information and intelligence which concerns the present and future security of our country. I am aware that the unauthorized disclosure of such information is prohibited by the espionage laws of our government which specifically requires the protection of intelligence sources and methods from unauthorized disclosure. Accordingly, I SOLEMNLY SWEAR, WITHOUT MENTAL RESERVATION OR PURPOSE OF EVASION, AND IN THE ABSENCE OF DURESS, AS FOLLOWS:

1. I will never divulge, publish, or reveal by writing, word, conduct, or otherwise any information relating to the national defense and security and particularly information of this nature relating to intelligence sources, methods, personnel, fiscal data, or security measures to anyone, including, but not limited to, any future governmental or private employer, private citizen, or government employee or official without the express written consent of the Chief of the Organization or his authorized representative.

2. I have been invited to submit in writing any monetary claims I may have against the Organization or our government which may in any way necessitate the disclosure of information described herein. I have been advised that any such claims will receive full legal consideration. In the event, however, that I am not satisfied with the decisions of the Organization concerning any present or future claims I may submit, I will not take any other action to obtain satisfaction without prior written notice to the Organization, and then only in accordance with such legal and security advice as the Organization will promptly furnish me.

3. I do not have any documents or materials in my possession, classified or unclassified, which are the property of, or in custodial responsibility of the Organization, having come into my possession as a result of my duties with the Organization or otherwise.

4. During my exit processing and during my period of employment with the Organization I have been given an opportunity to report all information about the Organization, its personnel, and its operations which I consider should receive official cognizance. Hence, I am not aware of any information which it is my duty, in the national interest, to disclose to the Organization, nor am I aware of any violations or breaches of security which I have not officially reported, except as set forth on the reverse side of this sheet or on other attachments.

Let 30 OCT 1970

SECRET

mg OS/ID

SECRET

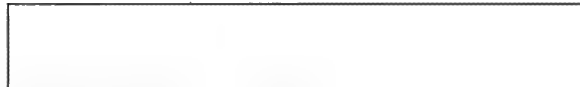
Page 2

5. I have been advised that, in the event I am called upon by the properly constituted authorities to testify or provide information which I am pledged hereby not to disclose, I will notify the Organization immediately; I will also advise said authorities of my secrecy commitments to our government and will request that my right or need to testify be established before I am required to do so.

6. I am aware of the provisions and penalties of the espionage laws of our government and am fully aware that any violation on my part of certain matters sworn to by me under this oath may subject me to prosecution under the terms of these laws, and that violation of other portions of this oath are subject to appropriate action, including such dissemination of the violation as the circumstances warrant.

I have read and understand the contents of this oath and voluntarily affix my signature hereto with the full knowledge that this oath was executed for the mutual benefit of myself and our government, and that it will be retained in the files of the Organization for its future use or for reference by me at any time in the future that I may be requested or ordered to testify or disclose any of the matters included within the scope of this oath.

IN WITNESS WHEREOF, I have set my hand and seal this 16 day of October 19 70.



Witnessed by me this 16 day of October 19 70,  
at Mexico City, Mexico.

*Guillermo H. Fournier*  
Signature

SECRET

SECRET

Miss [redacted]

Dear Miss [redacted]

You are hereby notified that your services under a contract with the United States Government, effective 8 September 1967, are to be terminated at the convenience of the United States Government pursuant to paragraph 4 of said contract, and that the 30 days' notice required by the contract begins 19 September 1970.

You are reminded of the contents of paragraph 4 of said contract which read as follows:

"Secrecy. You will be required to keep forever secret this contract and all information which you may obtain by reason hereof (unless released in writing by the United States Government from such obligation), with full knowledge that violation of such secrecy may subject you to criminal prosecution under applicable laws and regulations."

Your signature in the space provided below is acknowledgment of the contents hereto.

UNITED STATES GOVERNMENT

By [Signature]  
Field Contracting Officer

Acknowledged:

Witness:

Reviewed:

Contract Approving Officer

SECRET

Rec'd via HMMF-14578  
20 Oct 70  
sig routed with  
term. sheet (1489)

SECRET

NON-STAFF PERSONNEL DATA SHEET					DATE
INSTRUCTIONS: 1. SUBMIT FOR: A. CONTRACT EMPLOYEES (TYPE A, B AND CAREER) B. INDEPENDENT CONTRACTORS UNDER WRITTEN CONTRACT OR NOC (US CITIZENS OR RESIDENT ALIENS ONLY) 2. THIS FORM IS NOT APPLICABLE FOR OPERATIONAL OR FIELD AGENTS 3. COPIES OF THE FORM WILL BE RETAINED BY THE ORIGINATING COMPONENT (NUMBER OF COPIES AT ITS DISCRETION) AND BY CS/PS/AGENT BRANCH (1 COPY ONLY)					12 Oct 70
NAME (LAST, FIRST, MIDDLE)			SEX	DATE OF BIRTH	
(P)			Female	5 May 23	
PARTIAL STATUS	NO. DEPENDENTS	YEAR(S) OF BIRTH	NATIONALITY	LAST MEDICAL EXAM	
Married	2	1945, 49	U.S.A	Unknown	
DATE OF LATEST SECURITY/OPERATIONAL APPROVAL			JOB TITLE	COMPONENT	
Type B, 13 July 1964			Transcriber	DDP/AM/1	
CONTRACT CATEGORY	EFFECTIVE DATE	EXPIRATION DATE	SALARY	GRADE EQUIVALENT	PROJECT OR FAN #
Type B	15 July 64	7 Sep 71	\$3.67	GS-5/6	SUPPORT
BENEFITS			YES	NO	
SOCIAL SECURITY			X	X	
FECA DEATH AND DISABILITY			X		
ANNUAL AND SICK LEAVE			X		
CIVIL SERVICE RETIREMENT			X		
CIA RETIREMENT OR COMMERCIAL CIA ANNUITY				X	
FEDERAL EMPLOYEES GROUP LIFE AND HEALTH INSURANCE			X		
CONTRACT LIFE AND HEALTH INSURANCE				X	
MISSING PERSONS BENEFITS			X		
OTHER (EXPLAIN)					

NON-CIA EDUCATION

High School Graduate

DATES FROM - TO	NON-CIA EMPLOYMENT			
	EMPLOYER	LOCATION	FUNCTION	SALARY
1944-45 1955-56	Cleveland Trust Company American Trust Company	Cleveland, Ohio San Leandro, California	Bookkeeper Commercial Bookkeeper	

CIA TRAINING

CIA EMPLOYMENT HISTORY (BEGINNING WITH EOD)						
DATES FROM - TO	FUNCTION	CNTR. CAT.	LOCATION	PROJECT	SALARY	GRADE EQUIV.
Apr 57-Jun 63	Clerk-Typist	Staff	Hqs		EOD as	GS-4
				Resign, as		GS-6
Jul 64-present	Transcriber	B	Mexico City	SUPPORT	\$3.67	GS-5/6

SECRET

FACTORS AFFECTING SUBJECT (PUBLIC EMPLOYEE - PALES, RADIN, TV); KNOWN OR SUSPECTED IDENTIFICATION TO OTHER THAN CIA STAFF PERSONNEL, INTELLIGENCE, OR SECURITY SERVICES.

COVER

A. PRESENT COVER IS: ☐ OFFICIAL ☒ NON-OFFICIAL  
Performed her secretarial/transcribing duties outside the Station.  
DIVISION EVALUATION OF COVER SECURITY:

Satisfactory

EVALUATION OF PERFORMANCE:

Satisfactory

ADAPTABILITY (SUBJECT AND FAMILY) TOWARDS DUAL LIFE

No problem.

B. PREVIOUS COVER WAS: ☒ OFFICIAL ☐ NON-OFFICIAL (GIVE BRIEF DESCRIPTION IF NOC)

MOBILITY

INDICATE LIMITING FACTORS BOTH PERSONAL AND OPERATIONAL

FUTURE UTILIZATION

INDICATE PLANS OR RECOMMENDATIONS FOR USE AFTER CURRENT ASSIGNMENT

None



MESSAGE FORM  
TOTAL COPIES: 21

SECRET

MESSAGE HANDLING INITIALS - SEEN BY	
1	5
2	6
3	7
4	8

CCS/CTS  
6697  
12 October 1970

FILE SECRETARIAT DISSEMINATION

☐ INDEX ☐ NO INDEX ☐ RETURN TO \_\_\_\_\_ BRANCH ☐ FILE RID  
☐ FILE IN CS FILE NO. \_\_\_\_\_

CCS2 FILE NO. WH8, 6697, 073, 0P3

(classification)

(date and time filed)

(c) (title)  
(reference number)

(pic)

SECRET

13 OCT 70 21 47

CITE DIRECTOR

077.157

MEXICO CITY

JBCENT/ADMIN

1. PLEASE ADVISE DOUGLAS J. FEINGLASS AND [REDACTED] THAT  
THE FLAT RATE TAX HAS INCREASED TO 18.4 PER CENT EFFECTIVE WITH PAY  
PERIOD ENDING 20 SEPTEMBER 1970.

2. STATION SHOULD START WITHHOLDING TAX AT HIGHER RATE IMMEDIATELY. DISPATCH FOLLOWS.

END OF MESSAGE

COORD:

WH/

WH/CON

WH/FA/NCC Regis Harting

C/WH/SS

C/CCS/CTS

14 OCT 1970

RELEASING OFFICER

COORDINATING OFFICERS

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

AUTHENTICATING  
OFFICER

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

COPY NO.

SECRET

Miss [redacted]

Dear Miss [redacted]

Reference is made to your contract with the United States Government, as represented by the Contracting Officer, effective 8 Sept. 1967, as amended, which expires 8 Sept. 1970.

Effective 8 Sept. 1970, said contract, as amended, is extended for one (1) year.

All other terms and conditions of said contract, as amended, remain in full force and effect.

UNITED STATES GOVERNMENT

By [Signature]  
Contracting Officer

Accepted:

[redacted]

Witness:

[Signature]

Approved:

\_\_\_\_\_

Concur:

Date:

[Signature]  
DDH/ocf  
10/19/68

REVIEWED

[redacted]  
Special Contracting Officer

SECRET

**S E C R E T**

Chief, WH Division  
ADMIN/CONTRACTS

Reference: HMNT-9892

Reference asked that the contract for [ ] be amended to provide reimbursement of six hours per day when in a leave status and for paid holidays retroactively to 8 September 1967.

In the event the basic criteria is met (FHB 20-1), the effective date could not be retroactive.

**Distribution:** 2-COS, Mexico City

FORM 10-61 (REV. 1-61)	DISPATCH SYMBOL AND NUMBER		DATE	
	HMMS-6559		20 Sept 1969	
	CLASSIFICATION		HQS FILE NUMBER	
	SECRET			
1-WH/1 1-WH/Contracts 1-WH/Registry	OFFICE		TEXT	
	WH/Contracts		W. R. Henahan and (17 Sept 69) 4460	
	OFFICE SYMBOL		DATE	
	C/WH/I		OFFICE NAME	
	OFFICE SYMBOL		DATE	
	C/WH/SS		George R. Thompson	

☐ UNCLASSIFIED☐ INTERNAL  
ONLY☐ CONFIDENTIAL☒ SECRET

## ROUTING AND RECORD SHEET

SUBJECT: (Optional)

Anna A. Tarasoff

FROM:

RID/D&P/INCOMING  
GB-12

EXTENSION

x7737

NO

DATE

Hmmt 9892

10 SEP 1969

TO: (Officer designation, room number, and building)

DATE

RECEIVED

FORWARDED

OFFICER'S  
INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

1.

Chief/WH/Reg.

11 SEP 1969

2.

WH/SS

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

C/WH/1

WH/Contracts

13 Sep 1969

13 Sep 1969

VAD

Your comments please.

Subject's contract already provides for sick and annual leave effective 15 July 64, and she is considered a part-time contract employee on a regularly scheduled tour of duty. Subject's contract does not provide for overtime and holiday time. Her contract would have to be amended to include this provision.

6-8  
Pls advise that under her contract cannot approve Part 3 request.

FORM  
3-62610 USE PREVIOUS  
EDITIONS☒ SECRET☐ CONFIDENTIAL☐ INTERNAL  
USE ONLY☐ UNCLASSIFIED

<b>DISPATCH</b>		CLASSIFICATION <b>SECRET</b>		PROCESSING ACTION	
TO Chief, WF Division				MARKED FOR INDEXING	
INFO.				NO INDEXING REQUIRED	
FROM Chief of Station, Mexico City				ONLY QUALIFIED DESK CAN JUDGE INDEXING	
SUBJECT ADMIN/CONTRACTS				MICROFILM	
ACTION REQUIRED - REFERENCES		(C/E) (132830) - Contract Entitlements			
<p>References: A. Book Dispatch - 6496 B. Book Dispatch - 6144</p> <p>1. Subject is a contract employee who is required to perform her duties during various hours of the day (including a varying number of hours) in order to meet operational deadlines.</p> <p>2. Even though [ ] contract allows her annual and sick leave benefits, she has not been reimbursed for any leave during the period 8 September 1967 to the present. In addition, the Station has not reimbursed her for any holidays, WOLADY or local, while other contract employees whose contracts call for a regularly scheduled tour of duty, have received compensation.</p> <p>3. Since subject has worked an average of 30 hours per week, with Headquarters concurrence, it is recommended that she be reimbursed six hours per day when in a leave status and for paid holidays retroactively to 8 September 1967, the effective date of her present contract.</p> <p style="text-align: center;"><i>John M. Loggeman</i> for John A. ROBERT</p> <p>Distribution: 43 - C/WFD</p>					
CROSS REFERENCE TO		DISPATCH SYMBOL AND NUMBER		DATE	
		HMET - 9892		3 September 1969	
		CLASSIFICATION		HQS FILE NUMBER	
		<b>SECRET</b>			

SECRET

MEMORANDUM FOR : Office of Finance

FROM : Contract Personnel Division

SUBJECT : Contract Extension for  
[REDACTED]  
~~Amended 1-1-1969~~

1. Effective 8 September 1969 the contract (as amended)  
for the subject individual, effective 8 September 1967  
extended for a period of one (1) year

2. All other terms and conditions of the contract (as amended)  
remain in full force and effect.

UNITED STATES GOVERNMENT

BY \_\_\_\_\_  
Contracting Officer

SECRET

(Group 1) Excluded from automatic downgrading and declassification

RB/DA  
5 Sept 69

SECRET

MEMORANDUM FOR: Chief, Contract Personnel Division  
SUBJECT : Contract Extension

It is requested that the contract for the following  
named individual(s) be amended to extend the term as  
indicated.

*William H. Brown Jr*

Through 7 September 1970

*William V. Broe*

William V. Broe  
Chief  
Western Hemisphere Division

SECRET

SECRET

DATE:

CTC No. \_\_\_\_\_

MEMORANDUM FOR: Director of Finance  
ATTENTION: Chief, Compensation and Tax Division  
VIA: Chief, Contract Personnel Division  
SUBJECT: Tax Assessment for \_\_\_\_\_

1. A flat rate covert tax assessment of this individual's gross, taxable Agency entitlements has been approved as indicated below. An acknowledged Letter of Tax Instruction has been ☐ will ☐ will not ☐ be forwarded. The Station/Base will be ☐ has been ☐ advised of this assessment.

Tax Assessment Rate

Effective Date

seventeen and three-fourth  
(17.75) per cent

14 December 1961

2. This is a new assessment ☐ a revised assessment ☐.
3. Other payroll factors pertinent to this tax assessment action are as follows:

CONTACT APPROVAL:

/s/

Chief, C.P.D.

APPROVED:

\_\_\_\_\_  
Executive Secretary, Covert Tax Board

DISTRIBUTION: Orig & 1 - Addressee: 1 Copy CPD: 1 Copy Area Division: 2 Copies CCS

FORM 2643 OBSOLETE  
9-69 PREVIOUS EDITION

SECRET

(11-4-21)

3 - CPD



**S E C R E T**

Chief of Station, Mexico City

Chief, WOGAM [redacted] (p)  
ADM/JBCENT - [redacted] (p) - Revision of Tax Assessment Rate

REFERENCE: Letter of Tax Instruction, HAMS-5711, 14 Dec 1967

1. Please advise [redacted] that his flat rate percentage tax assessment has been revised by the Tax Staff from thirteen and nine-tenths (13.9) per cent, established by reference, to twenty and eight-tenths (20.8) per cent, effective 29 June 1969, T/Y 1969. This revision is necessary as his income and tax position have changed to such a degree as to make the previous tax assessment rate unrealistic. A computation of the revised tax rate is attached.

2. This assessment revision is incorporated by reference as an amendment to [redacted] Letter of Tax Instruction.

3. From the information submitted to the Tax Staff, it appears that [redacted] daughter qualifies as a dependent. The new tax computations are based on five exemptions. Also, [redacted] should list five exemptions on his 1969 tax return.

VICTOR D. UNITSKY

Attachment: As Noted

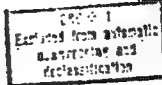
Distribution:

- Orig. & 1 - COS (w/att)
- 1 - C/CPD (wo/att)
- 1 - OP/C&TD/CPB (wo/att)
- 1 - C/WH/1 (wo/att)
- 1 - WH/Contracts

HAMS-6524

11 August 1969

**S E C R E T**



NOTE FOR FILE:

[ ] husband's [ ] retirement  
date extended to Nov. 70.

25 JUN 1969

*eth*

<b>DISPATCH</b>		CLASSIFICATION <b>SECRET/</b>	PROCESSING
TO Chief, WH Division		<b>XX</b>	RECEIVED FOR INFO
INFO. Chief, SB Division			NO FURTHER REQUIRED ONLY QUALIFIED DESK CAN JUDGE IMPORTANCE
FROM Chief of Station, Mexico City			MICROFILM
SUBJECT Annual Fitness Report -			
ACTION REQUIRED - REFERENCES			
<p>1. Attached are copies of an Annual Fitness Report on</p> <p>2. [ ] and her husband make a good and efficient team on the duties assigned to them.</p>			
<p>Attachment: herewith</p> <p>Distribution:  (2/- C/WH Division w/att.  1 - C/SB Division w/o att.</p> <p style="text-align: right;"> <i>Willard C. Curtis</i>  Willard C. CURTIS  orig routed to:  CPD/CXO, 11 Feb 69  DC/WH/D 11 Feb 69  WH/1 ?  WH/Contracts, 18 Feb 69  CPD 19 FEB 1969 </p>			
CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER <b>HMMT-9523</b>	DATE <b>29 January 1969</b>	
	CLASSIFICATION <b>SECRET/</b>	HQS FILE NUMBER	

**SECRET**

## FIELD TRANSMITTAL - FITNESS REPORT

### INSTRUCTIONS

The following items of the Fitness Report will NOT be completed by field personnel preparing the report for transmittal to Headquarters:  
**SECTION A, Items 1, 6, and 7**  
**SECTION D, Items 1, 2, and 3 (Only in respect to "Typed or Printed Name and Signature")**

1. I CERTIFY THAT I HAVE SEEN THIS FITNESS REPORT	DATE <b>28 January 1969</b>	TYPED OR PRINTED NAME AND SIGNATURE OF EMPLOYEE (In <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span> )
2. I CERTIFY THAT, EXCEPT FOR ITEMS OMITTED UNDER THE ABOVE INSTRUCTIONS, ALL ITEMS APPEARING ON THE ATTACHED FITNESS REPORT HAVE BEEN COMPLETED UNDER PROVISIONS OF CURRENT INSTRUCTIONS OR REGULATIONS		
DATE <b>28 January 1969</b>	TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR (In pseudonym) <b>Francis J. COIGNE</b> <i>Francis J. Coigne</i>	
DATE <b>28 January 1969</b>	TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL (In pseudonym) <b>Willard C. CURTIS</b> <i>Willard C. Curtis</i>	

### SPECIAL NOTE

*Fitness Reports must be prepared with due regard for security considerations. For example, in the case of administrative and support personnel and others whose duties do not in themselves reveal sources of information and methods of operation, it is normally expected that a complete and realistic statement of specific duties may be reported in Section B. However, the nature, source, purpose or disposition of information or operations will not be included. On the other hand, the position titles and description of specific duties of certain other employees may jeopardize security and should not be fully reported on this form. In these cases, general statements of specific duties will be included in Section B indicating the level of responsibility.*

**SECRET**

**SECRET**  
(When Filled In)

<b>FITNESS REPORT</b>				EMPLOYEE SERIAL NUMBER	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH		3. SEX
			5 May 1923		F
6. OFFICIAL POSITION TITLE:			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION
Contract Employee			DDP/VH/1		Mexico City
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
<input checked="" type="checkbox"/> SPECIAL (Specify): Contract employee			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
			1 January 1969 thru 31 December 1968		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p>W - <u>Weak</u> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - <u>Adequate</u> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - <u>Proficient</u> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - <u>Strong</u> Performance is characterized by exceptional proficiency.</p> <p>O - <u>Outstanding</u> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Selecting and processing transcripts in Spanish and English into workable format for Station analysis and filing.					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 2 Handling administrative matters for her husband.					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 3					RATING LETTER
SPECIFIC DUTY NO. 4					RATING LETTER
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER <b>S</b>

**SECRET**

(When Filled In)

<b>SECTION C</b>		<b>NARRATIVE COMMENTS</b>	
Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. Give suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.			
<p><b>This employee continues to assist and compliment her husband, a Staff Agent, in an unusually efficient team. She pre-edits transcribed materials and puts usable material into a form ready for filing, thus saving analytical and clerical time in the Station. Her knowledge of Russian and Spanish, analytical ability, overall efficiency and interest in her work all contribute to a fine performance.</b></p>			
<b>SECTION D</b>		<b>CERTIFICATION AND COMMENTS</b>	
<b>1. BY EMPLOYEE</b>			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
28 January 1969	<div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> (signed in pseudo on Field Transmittal)		
<b>2. BY SUPERVISOR</b>			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
28 January 1969		(signed in pseudo on Field Paul L. Dillon Transmittal)	
<b>3. BY REVIEWING OFFICIAL</b>			
COMMENTS OF REVIEWING OFFICIAL			
<p><b>The reviewing officer concurs with this report. Subject and her husband continue to form an efficient and valuable team.</b></p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
28 January 1969	Chief of Station	(signed in pseudo on Field Winston M. Scott Transmittal.)	

**SECRET**

**DISPATCH**

CLASSIFICATION		PROCESSING ACTION	
SECRET			MARKED FOR INDEXING
TO	Chief, WOMOLD	XX	NO INDEXING REQUIRED
INFO.	Chief, WH Division <i>Contract</i>		ONLY QUALIFIED DESK CAN JUDGE INDEXING
FROM	Chief of Station, Mexico City		MICROFILM
SUBJECT	ADMINISTRATIVE/TRAINING Language Training		
ACTION REQUIRED REFERENCES			
ACTION REQUIRED: Information Only			
<p>As of 1 March 1968 the below listed personnel were receiving voluntary Spanish language training paid for by the organization or LANGOLD:</p> <div style="border: 1px solid black; width: 200px; height: 20px; margin: 10px auto;"></div> <p>Francis J. COIGNE Humphrey K. FRADSHIP Douglas J. FEINGLASS Henry W. LANGDON Keith R. LEVENDERIS Wanda G. PANKPINTO Clarice F. PARDECK Cora B. RAUSKIND Joseph F. TRECANTI</p> <p>and the wives of Walter W. CORNBURY and Gerald D. FAHLANGER.</p> <p style="text-align: right;">for/Willard C. CURTIS</p>			
DISTRIBUTION: 2 - Chief, WOMOLD 2 - Chief, WH Division			
CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER	DATE	
	IMMT-8919	9 April 1968	
	CLASSIFICATION	HQS FILE NUMBER	
	SECRET		

**ELECTION, DECLINATION, OR WAIVER  
OF LIFE INSURANCE COVERAGE**  
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT  
AGENCY INSTRUCTIONS  
ON BACK OF ORIGINAL**

**TO COMPLETE THIS FORM—**

**1 FOLLOW THESE GENERAL INSTRUCTIONS:**

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- Do not detach any part.

**2 FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):**

NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER
			1923	
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)	

**3 MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):**

Mark here  
if you  
**WANT BOTH**  
optional and  
regular  
insurance

☐  
(A)

**ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE**

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here  
if you  
**DO NOT WANT**  
**OPTIONAL** but  
do want  
regular  
insurance

☒  
(B)

**DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE**

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here  
if you  
**WANT NEITHER**  
regular nor  
optional  
insurance

☐  
(C)

**WAIVER OF LIFE INSURANCE COVERAGE**

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

**4 SIGN AND DATE. IF YOU MARKED BOX "A" OR "C",  
COMPLETE THE "STATISTICAL STUB." THEN RETURN  
THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.**

SIGNATURE (do not print)

14 February 1968

DUPLICATE COPY—For Agency Use

3

**FOR EMPLOYING OFFICE USE ONLY**

(official receiving date stamp)

MAR 5

CONT. 176-T

See Table of Effective Dates on back of Original

STANDARD FORM No. 176-T  
JANUARY 1968  
(For use only until April 14, 1968)

68

**ELECTION, DECLINATION, OR WAIVER OF LIFE INSURANCE COVERAGE**  
Statistical Stub (SF 176-T)

Approved B-1 50-RD 385

To be completed only by employees who checked either box "A" or box "C" on the election form.  
The purpose of this stub is to furnish statistics on the initial registration under the liberalized life insurance program.

1. Which box did you check?	Box A	<input type="checkbox"/>	1
	Box C	<input type="checkbox"/>	2
2. Did you have regular insurance under the Federal Employees Group Life Insurance Program on January 1, 1968?	Yes	<input type="checkbox"/>	1
	No	<input type="checkbox"/>	2
3. Your sex?	Male	<input type="checkbox"/>	1
	Female	<input type="checkbox"/>	2
4. Are you now married?	Yes	<input type="checkbox"/>	1
	No	<input type="checkbox"/>	2



<b>DISPATCH</b>		CLASSIFICATION <b>S E C R E T</b>	PROCESSING ACTION
TO <b>Chief of Station, Mexico City</b>			MARKED FOR INDEXING
INFO.			NO INDEXING REQUIRED
FROM <b>Chief, Western Hemisphere Division</b>			ONLY QUALIFIED DESK CAN JUDGE INDEXING
SUBJECT [REDACTED]			MICROFILM
ACTION REQUIRED - REFERENCES			

Please forward a completed form 89 on  
[REDACTED] for review by the Medical  
Staff.

Hugh E. WESTBY

Distribution:  
2-COS, Mexico City

CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER <b>HMMS-5708</b>	DATE
	CLASSIFICATION <b>S E C R E T</b>	HQS FILE NUMBER
	ORIGINATING OFFICE OFFICER TYPE <b>WH/Personnel</b> [REDACTED] <b>/lvr #6 Feb. 68</b> <b>681</b>	
	COORDINATING	
1 - WH/Pers	OFFICE SYMBOL <b>C/WH/Pers</b>	DATE OFFICER'S NAME
1 - WH/Reg	<b>C/WH/1</b>	
1 - WH/1		
	RELEASING	
	OFFICE SYMBOL <b>C/WH/SS</b>	DATE OFFICER'S SIGNATURE <b>George R. Thompson</b>

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
		5 May 1923	F		
6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
Contract Employee		DDP/MH/1		Mexico City	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
<input checked="" type="checkbox"/> SPECIAL (Specify): Contract employee			<input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From- to-)		
			1 January 1968 thru 31 December 1968		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Selecting and processing transcripts in Spanish and English into workable format for Station analysis and filing.					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 2 Handling administrative matters for her husband.					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 3					RATING LETTER
SPECIFIC DUTY NO. 4					RATING LETTER
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER <b>S</b>

**SECRET**  
(When Filled In)

<b>SECTION C</b>		<b>NARRATIVE COMMENTS</b>	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p>			
<p>This employee continues to assist and compliment her husband, a Staff Agent, in an unusually efficient team. She pre-edits transcribed materials and puts usable material into a form ready for filing, thus saving analytical and clerical time in the Station. Her knowledge of Russian and Spanish, analytical ability, overall efficiency and interest in her work all contribute to a fine performance.</p>			
<b>SECTION D</b>		<b>CERTIFICATION AND COMMENTS</b>	
<b>1. BY EMPLOYEE</b>			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
28 January 1969	(signed in pseudo on Field Transmittal)		
<b>2. BY SUPERVISOR</b>			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
28 January 1969		(signed in pseudo on Field Paul L. Dillon Transmittal)	
<b>3. BY REVIEWING OFFICIAL</b>			
COMMENTS OF REVIEWING OFFICIAL			
<p>The reviewing officer concurs with this report. Subject and her husband continue to form an efficient and valuable team.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
28 January 1969	Chief of Station	(signed in pseudo on Field Winston M. Scott Transmittal.)	

**SECRET**

SECRET

## FIELD TRANSMITTAL - FITNESS REPORT

## INSTRUCTIONS

The following items of the Fitness Report will NOT be completed by field personnel preparing the report for transmittal to Headquarters:

SECTION A, Items 1, 6, and 7

SECTION D, Items 1, 2, and 3 (Only in respect to "Typed or Printed Name and Signature")

1. I CERTIFY THAT I HAVE SEEN THIS FITNESS REPORT	DATE 28 January 1969	TY (In)
2. I CERTIFY THAT, EXCEPT FOR ITEMS OMITTED UNDER THE ABOVE INSTRUCTIONS, ALL ITEMS APPEARING ON THE ATTACHED FITNESS REPORT HAVE BEEN COMPLETED UNDER PROVISIONS OF CURRENT INSTRUCTIONS OR REGULATIONS		
DATE 28 January 1969	TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR (In pseudonym) Francis J. COIGNE <i>Francis J. Coigne</i>	
DATE 28 January 1969	TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL (In pseudonym) Willard C. CURTIS <i>Willard C. Curtis</i>	
<p><b>SPECIAL NOTE</b></p> <p>Fitness Reports must be prepared with due regard for security considerations. For example, in the case of administrative and support personnel and others whose duties do not in themselves reveal sources of information and methods of operation, it is normally expected that a complete and realistic statement of specific duties may be reported in Section B. However, the nature, source, purpose or disposition of information or operations will not be included. On the other hand, the position titles and description of specific duties of certain other employees may jeopardize security and should not be fully reported on this form. In these cases, general statements of specific duties will be included in Section B indicating the level of responsibility.</p>		

FORM 4-62 45a OBSOLETE PREVIOUS EDITIONS.

SECRET

(4)

<b>DISPATCH</b>		CLASSIFICATION <b>SECRET</b>	PROCESSING ACTION
TO	Chief of Station, Mexico City		MARKED FOR INDEXING
INFO.			NO INDEXING REQUIRED
FROM	Chief, WOGAME		ONLY QUALIFIED DISK CAN JUDGE INDEXING
SUBJECT	AIR/JDCENT - [ ] - Tax Administration		MICROFILM
ACTION REQUIRED - REFERENCES			
REF: HDSAT-8732, 15 December 1967			

VICTOR D. UNITSKY

## Distribution:

Orig. & 1 - COS (v/SCA)  
1 - WJ/Contracts (wo/att) ✓

Attachment (USC)

*Victor D. Unitsky*  
200

SECRET

## FIELD TRANSMITTAL - FITNESS REPORT

## INSTRUCTIONS

The following items of the Fitness Report will NOT be completed by field personnel preparing the report for transmittal to Headquarters:

SECTION A, Items 1, 5, and 7

SECTION D, Items 1, 2, and 3 (Only in respect to "Typed or Printed Name and Signature")

1. I CERTIFY THAT I HAVE READ THIS FITNESS REPORT	DATE <b>16 FEB 68</b>	TYPED OR PRINTED NAME AND SIGNATURE OF EMPLOYEE (In P)
2. I CERTIFY THAT, EXCEPT FOR ITEMS OMITTED UNDER THE ABOVE INSTRUCTIONS, ALL ITEMS APPEARING ON THE ATTACHED FITNESS REPORT HAVE BEEN COMPLETED UNDER PROVISIONS OF CURRENT INSTRUCTIONS OR REGULATIONS		
DATE <b>16 Feb-1968</b>	TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR (In pseudonym) <b>Francis J. COIGNE</b> <i>Francis J. Coigne</i>	
DATE <b>16 Feb-1968</b>	TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL (In pseudonym) <b>Willard C. CURTIS</b> <i>Willard C. Curtis</i>	
<b>SPECIAL NOTE</b> Fitness Reports must be prepared with due regard for security considerations. For example, in the case of administrative and support personnel and others whose duties do not in themselves reveal sources of information and methods of operation, it is normally expected that a complete and realistic statement of specific duties may be reported in Section B. However, the nature, source, purpose, or disposition of information or operations will not be included. On the other hand, the position titles and description of specific duties of certain other employees may jeopardize security and should not be fully reported on this form. In these cases, general statements of specific duties will be included in Section B indicating the level of responsibility.		

FORM 45a OBSOLETE PREVIOUS EDITIONS.

SECRET

141

SECRET

(When Filled In)

<b>FITNESS REPORT</b>				EMPLOYEE SERIAL NUMBER	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle) <b>[Redacted]</b>		2. DATE OF BIRTH <b>5 May 23</b>	3. SEX <b>F</b>	4. GRADE	5. SO
6. OFFICIAL POSITION <b>Contract Employee</b>		7. OFF/DIV/BR OF ASSIGNMENT <b>INP/WH</b>	8. CURRENT STATION <b>Mexico City</b>		
9. CHECK (X) TYPE OF APPOINTMENT		10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)		<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> REASSIGNMENT EMPLOYEE			
XX SPECIAL (Specify): <b>Contract Employee</b>		SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.		12. REPORTING PERIOD (From- to-) <b>1 January 1967 - 31 December 1967</b>			
<b>SECTION B PERFORMANCE EVALUATION</b>					
<b>W - Weak</b>		Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment, or to separation. Describe action taken or proposed in Section C.			
<b>A - Adequate</b>		Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.			
<b>P - Proficient</b>		Performance is more than satisfactory. Desired results are being produced in a proficient manner.			
<b>S - Strong</b>		Performance is characterized by exceptional proficiency.			
<b>O - Outstanding</b>		Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.			
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 <b>Selecting and processing transcripts in Spanish and English into workable format for Station analysis and filing.</b>					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 2 <b>Handling administrative matters for her husband.</b>					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 3					RATING LETTER
SPECIFIC DUTY NO. 4					RATING LETTER
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER

**SECRET**

(When Filled In)

**SECTION C**

**NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

Subject continues to complement her husband as a part of an efficient team. Her expeditious processing of transcript materials (so that they come to the Station ready for filing) saves the Station a great deal of work and time. Her language and analytical abilities are utilized to pre-edit material and cut out the superfluous. She continues to show interest in her work at which she is very efficient.

**SECTION D**

**CERTIFICATION AND COMMENTS**

1.

**BY EMPLOYEE**

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

16 Feb 63

SIGNATURE

2.

**BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

29

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

16 Feb 63

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

/s/ Francis J. COIGNE

3.

**BY REVIEWING OFFICIAL**

COMMENTS OF REVIEWING OFFICIAL

The Reviewing Officer concurs in this Report. This employee and her husband form an efficient and valuable team.

DATE

16 Feb 1968

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief of Station

TYPED OR PRINTED NAME AND SIGNATURE

/s/ Willard C. CURTIS

**SECRET**

If typewriter is not available, bear down with ballpoint pen to make legible copies.

Standard Form No. 289 U.S. Civil Service Commission Form Supplement 840-1 June 1967		<b>HEALTH BENEFITS REGISTRATION FORM</b> FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM <small>(Read instructions on back of last page. Use only typewriter or ballpoint pen.)</small>			New Carrier's Control No. <b>11252435</b> Old Carrier's Control No.																									
TO EMPLOYING OFFICE, SHOW OLD CARRIER'S CONTROL NUMBER ONLY IF ELECTION IS TO CANCEL ENROLLMENT OR TO CHANGE OPTIONS OR TYPE OF ENROLLMENT IN THE SAME PLAN.																														
<b>PART A</b>  ALL WHO REGISTER MUST FILL IN THIS PART.	1. NAME (LAST) (FIRST) (MIDDLE INITIAL) <div style="text-align: center; font-size: 1.2em;">Tarasoff, Anna A.</div>			2. DATE OF BIRTH (Use numbers) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">MONTH</td> <td style="width: 33%;">DAY</td> <td style="width: 33%;">YEAR</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>		MONTH	DAY	YEAR				3. ARE YOU NOW MARRIED? YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2																		
	MONTH	DAY	YEAR																											
4. YOUR MAILING ADDRESS (NUMBER AND STREET) (CITY) (STATE) (ZIP CODE)				5. SEX MALE <input type="checkbox"/> 1 FEMALE <input type="checkbox"/> 2																										
<b>IMPORTANT!</b> IT IS ILLEGAL FOR AN EMPLOYEE OR A MEMBER OF HIS FAMILY TO BE COVERED UNDER MORE THAN ONE ENROLLMENT. IF YOU ARE ALREADY COVERED THROUGH THE EMPLOYMENT, WIFE, OR ANOTHER FEDERAL OR DISTRICT OF COLUMBIA EMPLOYEE OR ANNUITY, YOU MUST REGISTER NOT TO ENROLL OR THE OTHER ENROLLMENT MUST BE CANCELED OR CHANGED TO SELF ONLY. SIMILARLY, IF A FAMILY MEMBER LISTED BY YOU IN PART B IS COVERED THROUGH HIS (OR HER) OWN ENROLLMENT, YOU CANNOT SELECT A FAMILY ENROLLMENT UNLESS THE FAMILY MEMBER CANCELS HIS (OR HER) ENROLLMENT.																														
<b>PART B</b>  FILL IN THIS PART IF YOU WISH TO ENROLL OR CHANGE YOUR ENROLLMENT IN A HEALTH BENEFITS PLAN.	I elect to enroll in a health benefit plan as shown below. I authorize deductions from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Keep the information requested below from back page of brochure of the plan you select.)																													
	NAME OF PLAN		OPTION (HIGH OR LOW)		ENROLLMENT CODE NUMBER																									
2. In space below list all eligible family members without exception. List your wife or husband first, then your unmarried child under age 22, including (a) legally adopted children and (b) stepchildren, foster children, and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 22 who became disabled before age 22 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 22 or over, if one is not already on file.) DO NOT LIST PARENTS OR OTHERS WHO ARE NOT ELIGIBLE FAMILY MEMBERS. THEY WILL NOT RECEIVE BENEFITS, EVEN IF THEY ARE DEPENDENT ON YOU AND ARE LISTED.																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">NAMES OF FAMILY MEMBERS</th> <th style="width: 10%;">DATE OF BIRTH (Month, Day, Year)</th> <th style="width: 40%;">NAMES OF FAMILY MEMBERS</th> <th style="width: 10%;">DATE OF BIRTH (Month, Day, Year)</th> </tr> </thead> <tbody> <tr> <td>Wife or Husband</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">6</td> </tr> <tr> <td></td> <td style="text-align: center;">2</td> <td></td> <td style="text-align: center;">7</td> </tr> <tr> <td></td> <td style="text-align: center;">3</td> <td></td> <td style="text-align: center;">8</td> </tr> <tr> <td></td> <td style="text-align: center;">4</td> <td></td> <td style="text-align: center;">9</td> </tr> <tr> <td></td> <td style="text-align: center;">5</td> <td></td> <td style="text-align: center;">10</td> </tr> </tbody> </table>							NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	Wife or Husband	1		6		2		7		3		8		4		9		5		10
NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)																											
Wife or Husband	1		6																											
	2		7																											
	3		8																											
	4		9																											
	5		10																											
<b>PART C</b>  FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CANCEL YOUR ENROLLMENT.	PLACE AN "X" IN ITEM 1 OR 2, WHICHEVER APPLIES.																													
	1. I ELECT NOT TO ENROLL IN A PLAN UNDER THE FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM.			2. I ELECT TO CANCEL MY PRESENT ENROLLMENT UNDER THE CODE NUMBER SHOWN BELOW.																										
Covered on husband's policy			Present Enrollment Code Number																											
<b>PART D</b>  FILL IN THIS PART, AS WELL AS PART B, TO CHANGE YOUR ENROLLMENT.	ANSWER ITEMS 1, 2, AND 3 TO SHOW ENROLLMENT CODE BEING CHANGED AND ELIGIBILITY FOR CHANGE.																													
	1. ENROLLMENT CODE NUMBER OF PRESENT PLAN.		2. NUMBER OF EVENT WHICH PERMITS CHANGE. (See table on back of duplicate for proper number.)		3. DATE OF EVENT WHICH PERMITS CHANGE.																									
				MONTH DAY YEAR																										
<b>PART E</b>  ALL WHO REGISTER MUST FILL IN THIS PART.	Signature for Anna A. Tarasoff			12-28-67																										
	(YOUR SIGNATURE—DO NOT PRINT)			(DATE)																										
WARNING.—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 3 years, or both. (18 U.S.C. 1001.)																														
<b>PART F</b>  TO BE COMPLETED BY AGENCY.	1. NAME AND ADDRESS (INCLUDING ZIP CODE) OF EMPLOYING OFFICE			2. DATE RECEIVED IN EMPLOYING OFFICE		3. EFFECTIVE DATE OF ELECTION																								
	Signature of Health Benefits Officer HEALTH BENEFITS OFFICER (Signature) (SIGNATURE OF AUTHORIZED AGENCY OFFICIAL)			12-28-67		12-31-67																								
			4. PAYROLL OFFICE NO.		5. SF 2811 REPORT NO.																									
<b>REMARKS</b> FOR USE ONLY BY AGENCY.																														
Contract Emp. 9-3-67 WFI																														
512830																														

Triplicate—For Official Personnel Folder

**SECRET**

**DATE 22 November 1967**

**MEMORANDUM FOR: Chief, Insurance Branch/BSD/OP  
Benefits and Services Division**

This is to advise you that Anna A. Tarasoff  
has been employed under an Agency personal services contract  
effective 8 September 1967. The Contract authorizes  
participation in Civil Service Retirement, FEGLI and Federal  
Health Insurance.

Subject's contract is the administrative responsibility  
of DDP/WH.

**Chief**  
**Contract Personnel Division**

**SECRET**

**Group 1 - Excluded from automatic downgrading and  
declassification**



**S E C R E T**

Chief of Station, Mexico City

X

Chief, Western Hemisphere Division

[ ] Contract

Action Required: As Noted

References : A. BD-6144  
B. MEXICO CITY 2718

1. In view of Reference B and inasmuch as [ ] was in the Headquarters area, a new contract was prepared granting her the benefits of Reference A. The contract was signed by [ ] and has been forwarded for related processing.

2. Attached is a copy of the contract effective 8 September 1967 for [ ]. She elected FEGLI but declined the health insurance as she is included under her husband's policy. [ ] was thoroughly briefed on the provisions of the contract as well as the provisions of her previous contract.

**STATION ACTION:**

As [ ] is payrolled by the Station, related deductions for the new benefits (Civil Service Retirement and FEGLI) are to be made by the Station. Social Security deductions will, of course, cease as there is no cover requirement for mandatory Social Security coverage.

3. During the briefing, [ ] inquired about the use of sick leave. She was informed sick leave can be used in the same manner and per the same regulations as when she was formerly a

(continued)

Attachment:  
As stated

Distribution:  
2-COS, Mexico City, w/att, b/w

HHS - 5679

**S E C R E T**

WH/Contracts [ ] gms (17 Nov 67) 4460

1-WH/Contracts w/att  
1-WH/l w/att  
1-WH/Reg wo/att

C/WH/l

**S E C R E T**

**HMMS - 5679**

staffer. The point involved was whether she had been granted sick leave during her "maternity leave" in 1965. She was advised that possibly she did receive payment covering the period which her accrued sick leave represented; and, possibly at that time she had only a minimal balance accrued.

**STATION ACTION:**

It is suggested the Station review her leave/pay account for the above cited period and advise her of the details involved.

Should the records reflect she had a balance but was not provided the leave, a pay adjustment may be made up to the balance at that time with an appropriate reduction of her current sick leave balance. NOTE: She was advised she could not have sick leave accrued since that time applied retroactively.

It is further suggested the Station Admin or Finance Officer conduct the briefing due to the necessity for the briefer to have a rather technical knowledge of leave.

**Hugh E. WESTBY**

8 Sep 67

[Redacted]

Dear [Redacted]

The United States Government, as represented by the Contracting Officer of this organization, hereby contracts with you, as a contract employee under the terms and conditions set forth below:

1. New Benefits. By virtue of your employment relationship under this agreement you are:

(a) Covered under the Civil Service Retirement Act in conformance with rules and regulations applicable to appointed employees of this organization. From the basic compensation paid you hereunder there shall be deducted the appropriate rate percentage (presently 6-1/2%) for deposit and eventual crediting to the Civil Service Retirement Fund. Social Security deductions required by virtue of your cover activities will not be reimbursed you by this organization.

(b) Covered under the Federal Employees Group Life Insurance Act in conformance with rules and regulations applicable to appointed employees of this organization unless you execute a written waiver of such coverage. The Government is presently authorized to bear a portion of the premium cost, you will bear the remainder.

(c) Eligible for coverage under the Federal Employees Health Benefits Act in conformance with rules and regulations applicable to appointed employees of this organization. The Government is presently authorized to bear a portion of the premium cost, you will bear the remainder. Because of your eligibility under this Act (whether or not you choose to enroll), your coverage under the contract employees health program shall cease thirty-one (31) days after the effective date of this agreement.

2. Your previous contract with the United States Government, effective 15 July 1964, is herein terminated by mutual consent of the parties thereto.

3. All provisions of said previous contract not in conflict with this agreement are incorporated by reference into and made a part of this agreement.

SECRET

4. This agreement is effective as of 8 September 68 and shall continue thereafter for two (2) years unless sooner terminated as set forth in your previous contract. If this agreement becomes effective during an overseas assignment nothing contained herein shall be construed as extending that assignment beyond its originally contemplated duration or invalidating your entitlement to return travel expenses (if applicable) upon completion of that assignment.

UNITED STATES GOVERNMENT

BY \_\_\_\_\_  
Contracting Officer

ACCEPTED:

\_\_\_\_\_

WITNESS:

\_\_\_\_\_

APPROVED:

\_\_\_\_\_

DISPATCH

SECRET

Chief of Station, Mexico City

Chief, MEXICO

AM/SECRET - [REDACTED]

Tax Handling

ACTION REQUIRED - SUBMITTALS

The MEXICO Tax Committee has approved a flat rate assessment of [REDACTED]'s Federal tax obligation, beginning with tax year 1967. Attached is the letter of tax instruction which [REDACTED] should review. The original must be signed and returned to Headquarters.

VICTOR D. [REDACTED]

Distribution:

Orig. & 1 - COS (u/att)

1 - AM/Contracts (u/att)

CLASSIFICATION NO

DISPATCH SYMBOL AND NUMBER

DATE

SECRET-5711

6 December 1967

141000

CLASSIFICATION

DISPATCH NUMBER

SECRET

Letter of Tax Instruction for

1. Based on discussions held with tax representatives of the Organization, an assessment of your Organizational income has been approved to satisfy your Federal tax obligation.

2. The assessment computation is based on an estimate of your taxable compensation from the Organization and your estimate of other income from outside sources. The assessment computation results in a percentage of your salary being withheld each pay period to completely satisfy your tax obligation. For tax year 1967 thirteen and nine-tenths (13.9) per cent will be withheld, effective 28 August 1967. The computation is attached.

3. In computing your assessment rate, you have been granted a basic tax credit of \$250.00. This credit is not guaranteed, but is granted to give reasonable assurance that you will not pay a higher tax than you would under ordinary reporting procedures.

4. Future changes in your income or tax status may justify a revision of the assessment rate. In this event this agreement would be amended accordingly.

5. It is important that you file a tax return directly with Internal Revenue  Care and accuracy in preparing this return are necessary. Any tax liability resulting from the tax computation on this return will be satisfied by your own funds. A certified true copy of this tax return must be forwarded to us upon your submission of the original to Internal Revenue. Provided below are specific criteria to assist you in the preparation of the tax return:

C. Other income must also be reported on this tax return, including interest from the Credit Union, which will be indicated without identifying the Credit Union by name.

6. You may request an advance of funds for payment of foreign income or related (income) taxes assessed against income received from or guaranteed by the Organization. Accounting for these funds will be made in the form of copies of the receipted tax bills (or other acceptable tax documents) which will be forwarded to the home office for approval and write-off of expense.

7. Please acknowledge the original of this letter and return to Headquarters, attention:

8. We appreciate your cooperation in arranging these details.

VICTOR D. UMITSKY  
Secretary

Acknowledged:

\_\_\_\_\_

Date \_\_\_\_\_

SENDER WILL CHE		CLASSIFICATION TOP AND BOTTOM	
UNCLASSIFIED		CONFIDENTIAL	SECRET
<b>OFFICIAL ROUTING SLIP</b>			
TO	NAME AND ADDRESS	DATE	INITIALS
1.	<i>Reuben</i>		
2.			
3.		<i>1/17</i> <i>2:30</i>	
4.			
5.			
6.			
ACTION		DIRECT REPLY	PREPARE REPLY
APPROVAL		DISPATCH	RECOMMENDATION
COMMENT		FILE	RETURN
CONCURRENCE		INFORMATION	SIGNATURE
<b>Remarks:</b> <i>Mr. Kaufman reviewed and declined to coordinate, feeling that time was no longer appropriate for this message.</i> <div style="text-align: right; border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;"><i>file as</i></div>			
FOLD HERE TO RETURN TO SENDER			
FROM: NAME, ADDRESS AND PHONE NO.		DATE	
<i>J. Cohen</i>			
UNCLASSIFIED		CONFIDENTIAL	SECRET



FORM 12 USE PREVIOUS EDITIONS

1. MESSAGES ARE CONSIDERED ROUTINE UNLESS A HIGH PRECEDENCE IS INDICATED IN THE ADDRESS LINE.  
2. SEND ORIGINAL AND YELLOW COPY TO CABLE SECRETARIAT, WITH SUPPORTING DOCUMENTS.  
3. DO NOT RESTART OUT AND CONTINUE TYPING. DO NOT EXCEED FIFTY-THREE CHARACTERS PER LINE, INCLUDING SPACES AND TEXT LINES WITHIN THE EIGHT MARGIN GUIDE. TOPMATE FOR YOUR TYPEWRITER.

ORIG: [REDACTED]  
UNIT: WH/Contracts  
EXT: 4460  
DATE: 12 September 1967

MESSAGE FORM  
TOTAL COPIES:

SECRET

ROUTING AND/OR INITIALS - SEEN BY	
1	6
2	7
3	8
4	9
5	10

CABLE SECRETARIAT DISSEMINATION

☐ INDEX ☐ DESTROY ☐ RETURN TO \_\_\_\_\_ BRANCH ☐ FILE RID

BY \_\_\_\_\_ PER \_\_\_\_\_

☒ NO INDEX ☐ FILE IN CS FILE NO.

CONF:

☐ RID COPY

INFO:

FILE \_\_\_\_\_ VS \_\_\_\_\_

(classification)

(date and time filed)

(reference number)

(pico)

SECRET

CITE DIRECTOR

TO MEXICO CITY

REF: DIRECTOR 34619

IN DISCUSSING REF WITH [REDACTED] PLEASE EXPRESS OUR SYMPATHY  
DEATH OF [REDACTED] MOTHER.

END OF MESSAGE

WH Comment: Ref advised [REDACTED] can take physical on return Mexico.

C/WH/1 \_\_\_\_\_

WILLIAM V. BROE  
C/WH/D

C/WH/CONTRACTS

RELEASING OFFICER

COORDINATING OFFICERS

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

AUTHENTICATING  
OFFICER

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

COPY NO.

INDEX <input type="checkbox"/> YES <input type="checkbox"/> NO	CLASSIFIED MESSAGE <b>E</b>	TOTAL COPIES <b>2</b>
CLASSIFY TO FILE NO.	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>SECRET</b> </div>	REPRODUCTION PROHIBITED
REF TO FILE NO.		1 <b>SS</b>
FILE RID <input type="checkbox"/> REF. TO BRANCH <input type="checkbox"/>		2
DESTROY <input type="checkbox"/> SIG.		3
PERSON/UNIT NOTIFIED	4	5
FROM	6	7
ACTION	8	9
ADVANCE COPY	UNIT	TIME
<input checked="" type="checkbox"/> RID COPY	<input type="checkbox"/> ISSUED <input type="checkbox"/> SLOTTED <input type="checkbox"/> TUBES	BY
INFO	FILE, OR, <b>SB8, CC53, C5PS, OP2, D/MS2</b>	

**SECRET** 072355Z CITE MEXICO CITY 2718

DIRECTOR

REDCOAT

1.   DEPARTING SEP WITH MINOR SON FOR MOTHER'S FUNERAL IN CLEVELAND, OHIO. SHE UNABLE COMPLETE PHYSICAL HERE, PLANS DO SO AT HQS.

2. ALSO INCOMPLETE IS CONTRACT REVIEW FOR NEW BENEFITS PER BOOK DISPATCH 6144. STATION SUGGESTS THIS BE ACCOMPLISHED AT HQS DURING   CONSULTATION 31 OCT.

**SECRET**

**SECRET**

BT

0 SEP 67 15 47 51

*A. Contreras*  
19/8/67

*Anna Tassio*

*Physical as dependent will be taken 259 out of Hqs. 7375*  
*Mr. Foster will bring Subject down to Hqs. where she & husband arrive in 1 day 9/1/67*  
*DIR*

1224

TO: [ ]/lvr  
 WH/Personnel  
 6815  
 18 August 1967

MESSAGE FORM  
 TOTAL COPIES (12)

**SECRET**

1	
2	
3	
4	
5	
6	

115 SECRETARIAT DISSEMINATION

3 FILE

INDEX ☐ DESTROY ☐ RETURN TO ☐ REASON ☐

NO INDEX ☐ FILE IN CS FILE NO. ☐

INFO. FILE VI class 3, class 4, class 5

(Location) (Date and time filed) (File reference number)

**SECRET**

CITE DIRECTOR

29114

MEXICO CITY

19 22 00'Z

RYBAT

REF: A. MEXICO CITY 2499 (IN 34006)  
 B. HMMS-5433

1. TDY HQS INCLUDED IN [ ] TRAVEL ORDER. SHOULD PLAN  
 ARRIVE HQS 31 OCTOBER 1967.

2. FAMILY SHOULD TAKE PHYSICALS IN FIELD AND FORWARD RESULTS.

[ ] WILL TAKE PHYSICAL WHILE HQS.

3. REF B POUCH 16 AUGUST ANNOUNCES ARRIVAL TDY REPLACEMENT 18  
 SEPTEMBER 1967.

END OF MESSAGE

WH Comment: Ref A requested home leave beginning <sup>23</sup> 12 Sept. with  
 TDY Hqs. to discuss 1968 retirement.

Ref B gave info on TDY replacement for [ ]

*James D. Esterline*  
 JACOB D. ESTERLINE  
 AC/WHID

C/WH/1

AC/WH/PERS

ISSUING OFFICE

COORDINATING OFFICERS

**SECRET**

GROUP 1  
 Excluded from automatic  
 downgrading and  
 declassification

AUTHENTICATING  
 OFFICER

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

COPY NO.

INDEX: <input type="checkbox"/> YES <input type="checkbox"/> NO	CLASSIFIED MESSAGE	TOTAL COPIES <b>18</b>												
CLASSIFY TO FILE NO.	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>SECRET</b> </div>	<div style="border: 1px solid black; padding: 2px; font-size: 0.8em;"> <small>GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION</small> </div>												
X-REF TO FILE NO.														
FILE RID <input type="checkbox"/> RET. TO BRANCH <input type="checkbox"/>														
DESTROY <input type="checkbox"/> SIG.														
7	PERSON/UNIT NOTIFIED	<table border="1"> <tr><td>1</td><td></td><td>5</td></tr> <tr><td>2</td><td></td><td>6</td></tr> <tr><td>3</td><td></td><td>7</td></tr> <tr><td>4</td><td></td><td>8</td></tr> </table>	1		5	2		6	3		7	4		8
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ACTION	<input type="checkbox"/> RID COPY <input type="checkbox"/> ADVANCE COPY <input type="checkbox"/> PAPER <input type="checkbox"/> SLITTER <input type="checkbox"/> TUBES	<table border="1"> <tr> <th>UNIT</th> <th>TIME</th> <th>BY</th> </tr> <tr><td> </td><td> </td><td> </td></tr> </table>	UNIT	TIME	BY									
UNIT	TIME	BY												
INFO	FILE <u>D/1152</u> <u>NR</u> <u>WH 8</u> <u>CC53</u> <u>PS</u> <u>OP2</u>													

SECRET 261615Z CITE MEXICO 1893

DIRECTOR

26 JUN 67 IN 98383

HBDRAW

REF: MEXICO CITY 1883 (11) 97294)

[ ] ILLNESS DIAGNOSED AS FLOATING KIDNEY.  
RELEASED FROM HOSPITAL 24 JUNE 1967. NO OPERATION  
PLANNED.

SECRET

~~SECRET~~

BT

*[Handwritten signature]*

1

INDEX: ☐ YES ☐ NO  
 CLASSIFY TO FILE NO. \_\_\_\_\_  
 X-REF TO FILE NO. \_\_\_\_\_  
 FILE RID ☐ RET. TO BRANCH ☐  
 DESTROY ☐ SIG. \_\_\_\_\_

CLASSIFIED MESSAGE

TOTAL COPIES 11

**SECRET**

GROUP 1  
EXCLUDED FROM AUTOMATIC  
DOWNGRADING AND  
DECLASSIFICATION

PERSON-UNIT NOTIFIED

REPRODUCTION PROHIBITED

1		
2		
3		
4		

ACTION 28 ☐ RID COPY ☐ ADVANCE COPY ☐ ISSUED ☐ SLOTTED ☐ TUBED

UNIT \_\_\_\_\_ TIME \_\_\_\_\_ BY \_\_\_\_\_

INFO  
 • FILE VR, WHT, CCS3, OPL

SECRET 240020Z CITE MEXICO CITY 1888

24 JUN 67 IN 97294

DIRECTOR

HBDRAW

\_\_\_\_\_ ADMITTED TO AMERICAN BRITISH  
 COWDRAY HOSPITAL 22 JUNE 1967 WITH SEVERE ABDOMINAL  
 PAIN. PRELIMINARY DIAGNOSED AS KIDNEY DISORDER. WILL  
 ADVISE FURTHER.

SECRET **SECRET**

BT

*June 26  
HBO*

**SECRET**  
(When Filled In)

<b>FITNESS REPORT</b>				EMPLOYEE SERIAL NUMBER <b>132830</b>	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX <b>F</b>	4. GRADE
5. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION <b>Mexico City</b>
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL		
CAREER-PROVISIONAL (See Instructions - Section C)			REASSIGNMENT SUPERVISOR		
SPECIAL (Specify):			REASSIGNMENT EMPLOYEE		
			<b>XX SPECIAL (Specify): Contract Employee</b>		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - To) <b>1 January 1966-31 December 1966</b>		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					RATING LETTER
SPECIFIC DUTY NO. 1 <b>Selecting and processing transcripts in Spanish and English into a workable format for Station analysis and filing</b>					<b>S</b>
SPECIFIC DUTY NO. 2 <b>Handling administrative matters for her husband and herself.</b>					<b>S</b>
SPECIFIC DUTY NO. 3					RATING LETTER
SPECIFIC DUTY NO. 4					RATING LETTER
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER <b>S</b>

**SECRET**

(When Filled In)

**SECTION C**

**NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B in provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

This is the first time a fitness report has been prepared on [ ] herself, although previous fitness reports on her husband, [ ] have mentioned her valuable contribution. She and [ ] continue to work as an excellent team. [ ] works conscientiously and quickly and saves the Station a great deal of time in the routine processing of paper and tapes. Her interest in the subject matter and her analytical ability enable her to weed out superfluous material and assist [ ] in his translations and analyses.

**SECTION D**

**CERTIFICATION AND COMMENTS**

1.

**BY EMPLOYEE**

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

SIGNATURE OF EMPLOYEE

2.

**BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

3.

**BY REVIEWING OFFICIAL**

COMMENTS OF REVIEWING OFFICIAL

I concur with the rating officer's evaluation of [ ]  
She compliments her husband perfectly

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

**SECRET**

SECRET

# FIELD TRANSMITTAL - FITNESS REPORT

## INSTRUCTIONS

The following items of the Fitness Report will NOT be completed by field personnel preparing the report for transmittal to Headquarters:  
SECTION A, Items 1, 6, and 7  
SECTION D, Items 1, 2, and 3 (Only in respect to "Typed or Printed Name and Signature")

1. I CERTIFY THAT I HAVE SEEN THIS FITNESS REPORT	DATE 8 Feb 67	TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR (In pseudonym) Jonathan L. WEENING
2. I CERTIFY THAT, EXCEPT FOR ITEMS OMITTED UNDER THE ABOVE INSTRUCTIONS, ALL ITEMS APPEARING ON THE ATTACHED FITNESS REPORT HAVE BEEN COMPLETED UNDER PROVISIONS OF CURRENT INSTRUCTIONS OR REGULATIONS		
DATE 28 Feb 67	TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL (In pseudonym) Francis J. COIGNE	
<p><b>SPECIAL NOTE</b></p> <p>Fitness Reports must be prepared with due regard for security considerations. For example, in the case of administrative and support personnel and others whose duties do not in themselves reveal sources of information and methods of operation, it is normally expected that a complete and realistic statement of specific duties may be reported in Section B. However, the nature, source, purpose or disposition of information or operations will not be included. On the other hand, the position titles and description of specific duties of certain other employees may jeopardize security and should not be fully reported on this form. In these cases, general statements of specific duties will be included in Section B indicating the level of responsibility.</p>		



SECRET

Miss Anna A. Tarasoff

Dear Miss Tarasoff:

Reference is made to your current contract with the United States Government, as represented by the Contracting Officer.

Effective 22 August 1966, said contract is amended by deleting all reference to income taxes therefrom, and by adding thereto the following paragraph:

"3. Taxes As an employee of the Government, you must satisfy your Federal tax liability on taxable income paid to you under paragraph one (1) above. Such income may be paid you by or through a cover facility. Because of cover, operational, and security considerations the Tax Committee of this organization is authorized to make certain determinations and establish procedures which will result in the full satisfaction of your Federal income tax liability on said income. It is specifically understood and agreed that such determinations and procedures, whether oral or written, constitute an integral part of this contract and are legally incorporated herein by reference."

All other terms and conditions of said contract remain in full force and effect.

UNITED STATES GOVERNMENT

Contracting Officer

SECRET

Group 1 -- Excluded from automatic downgrading and declassification

SECRET

DATE:

CTC No. 3

MEMORANDUM FOR: Director of Finance

ATTENTION: Chief, Compensation and Tax Division

VIA: Chief, Contract Personnel Division

SUBJECT: Tax Assessment for                     

1. A flat rate covert tax assessment of this individual's gross, taxable Agency entitlements has been approved by the Covert Tax Committee as indicated below. An acknowledged letter of tax instruction ☐ is ☐ will be forwarded.

Tax Assessment Rate

Effective Date

eleven (11%) flat rate (11%) per year as indicated in the attached letter of tax instruction dated 1/1/68.

2. Other payroll factors pertinent to this Covert Tax Committee tax assessment action are as follows:

(1) The individual's gross taxable income is:

Annual gross taxable income is:

Annual gross taxable income is:

Annual gross taxable income is:

A 15% covert tax rate is required.

                      
Approval Chief, CPD

                      
Secretary, Covert Tax Committee

SECRET

*Anna A. Tarasoff*

4 June 1966

HHS ~~XXXXXXXXXX~~

Dear Miss ~~XXXXXXXXXX~~

Reference is made to your contract with the United States Government, as represented by the Contracting Officer, effective 15 July 1966, as amended, which expires 14 July 1966.

Effective 15 July 1966, said contract, as amended, is extended for a period of two (2) years.

All other terms and conditions of said contract remain in full force and effect.

THE UNITED STATES GOVERNMENT

BY *Willard C. Curtis*

ACCEPTED:

~~XXXXXXXXXX~~

WITNESSES: *Irving G. Chonely*

APPROVED:

WM CONTRACT ADMINISTRATION OFFICER

SECRET

<b>DISPATCH</b>		CLASSIFICATION		PROCESSING ACTION	
		SECRET		MARKED FOR INDEXING NO INDEXING REQUIRED ONLY QUALIFIED DESK CAN JUDGE INDEXING MICROFILM	
TO Office of Finance					
INFO Chief, WH Division					
FROM Chief of Station, Mexico City					
SUBJECT Admin/Finance-Salary Increase- [ ] Employee Number 132830					
ACTION REQUIRED - REFERENCES					
<p>ACTION REQUIRED: Information only.</p> <p>REFERENCE: HPMS-4512, dated 6 January 1966</p> <p>Furnished herewith is a copy of a contract amendment for [ ]</p> <p>[ ] covering the legislative salary increase as of 10 October 1965.</p> <p>The amendment was not prepared in time for [ ] to sign it before going on home leave and consequently had to await her return.</p> <p style="text-align: right;">WILLARD C. CURTIS</p>					
<p>Attachment: As Stated Above</p>					
<p>Distribution: 2 - Office of Finance, w/att 1 - Chief, WHD</p>					
CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER		DATE		
	HWT-6164		17 January 1966		
	CLASSIFICATION		HQS FILE NUMBER		

SECRET

*Anna H  
Marasoff*

Dear Miss [redacted]

Reference is made to your present contract with the United States Government as represented by the Contracting Officer.

Effective 10 October 1965, said contract is amended by including therein provision for compensation increase of the Federal Employee Salary Act of 1965, in conformance with policies and procedures of the Organization. Said contract is amended also to include the following sentence in paragraph one, entitled "Compensation":

"Compensation will be increased based on legislative pay increases"

All other terms and conditions of the contract remain in full force and effect.

THE UNITED STATES GOVERNMENT

BY Willard C. Curtis

ACCEPTED:

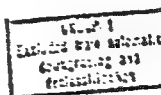
[Signature]

WITNESS:

James A. Cronley

[Signature]

SECRET



100 SECRET

Chief of Station, Mexico City

Office of Finance

Salary Increase - [REDACTED] Employee Number 12320

The Office of Finance has not received a contract amendment for the 10 October 1965 salary increase which the Station has paid Subject as reflected on Station 7/68-66. Therefore, in the absence of a contract amendment, it would appear that [REDACTED] is being overpaid. Please advise.

SHIRLEY K. TAPAN

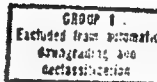
Distribution:

3 - CSE/Mexico City

HDG - 4517

6 January 1966

SECRET



CATD/APH/CEAS/[REDACTED]/rks

2296

- 2 - WH Division
- 3 - CATD/APH/CEAS
- 1 - RI/DP
- 1 - OF/Registry
- X - CPD

WH/BP

WH/CS

CLASSIFY TO FILE NO.		CLASSIFIED MESSAGE		TOTAL COPIES	
X-REF TO FILE NO.		SECRET		1	
FILE RID <input type="checkbox"/>	RET. TO BRANCH <input type="checkbox"/>	PERSON/UNIT NOTIFIED		REPRODUCTION PROHIBITED	
DESTROY <input type="checkbox"/>	SIG. <input type="checkbox"/>			1 2 3 4 5 6 7 8	
FROM					
MEXICO CITY					
ACTION		ADVANCE COPY		UNIT TIME BY	
W.H.R.		<input checked="" type="checkbox"/> RID COPY			
		<input type="checkbox"/> ISSUED <input type="checkbox"/> SLOTTED <input type="checkbox"/> TUBED			
INFO		FILE NO. OF 2, COS 3.			

SECRET 051945Z

DIR CITE MEXI 5550

8 DEC 65 10658

REF: DIR 50414

1. 1964 [ ] FOR BENADUM, LIMOTOR 19 (BARBARA C. HUFF), PINEINCH, SANDAMANIE BEING SENT BY HMNT 6018 IN DEC POUCH. NOT POUCHED EARLIER AS OVERLOOKED IN STATION ADMIN FILES.

2. [ ] FOR [ ] SENT HMNT 5399 APR 23 (JOINT WITH

[ ] FOR LIFUED 30, NOW RITA N.

BLAZIK, SENT HMNT 5908, 25 OCT 65.

3. LIHUFF 1 SUBMITTED [ ] THROUGH OVERT CHANNELS; SIGNED COPY BEING POUCHED HQS.

4. WILL REPORT ON TINSBORN SEPARATELY.

SECRET 1964 W.H.R. 1964 1964 1964  
TAX RECORDS REQUESTED 11/11/65  
CFN 5550 62414 1964 BENADUM LIMOTOR 19 BARBARA C HUFF IS PINEINCH

SANDAMANIE HMNT 6018 10 NOT POUCHED [ ] HMNT 5399 APR 23

[ ] LIFUED 30 RITA N BLAZIK HMNT 5908 23 65

LIHUFF 1 HQS

BT

SECRET

Dec 23  
GHD

SECRET

RONN H. THARSOFF

Dear Miss [REDACTED]

Reference is made to your present contract with the United States Government, as represented by the Contracting Officer.

Effective 14 August 1964, said contract is amended by including therein provision for compensation increase of the Government Employees Salary Reform Act of 1964, in conformance with the policies and procedures of this organization.

All other terms and conditions of the contract remain in full force and effect.

OK  
New rate \$2.72 P/hour

UNITED STATES GOVERNMENT

BY

Millard C. Curtis  
Contracting Officer

SECRET

Group 1 - Excluded from automatic downgrading and declassification.

REVIEWED:

APPROVED:

/s/

Special Contracting Officer



DISPATCH



C/WH/SS  
CPD  
4659 Gen. B. J.  
105 - Mar 19 - 111447  
5278



**SECRET**  
(EVEN WHEN BLANK)

NºSD 48769 A

DATE 29 July 1964

I DO HEREBY DECLARE THAT MY TRUE AND LEGAL SIGNATURE IS:

(SIGNATURE)

*Anna Tarasoff*

Anna Tarasoff

(NAME, PRINTED OR TYPEWRITTEN)

WITNESS:

*Herbert Manell*

Herbert Manell

RIGHT THUMB PRINT



**SECRET**

**SECRET**  
(EVEN WHEN BLANK)

NºSD 48769 B

DATE 29 July 1964

I DO HEREBY ACKNOWLEDGE THAT IN MY RELATIONS WITH THE  
UNITED STATES GOVERNMENT, I WILL USE THE FOLLOWING SIG-  
NATURE WHERE REQUIRED:

(SIGNATURE)

[Redacted Signature]

(NAME, PRINTED OR TYPEWRITTEN)

WITNESS:

*Gerald F. Gesterner*

Gerald F. GESTERNER

RIGHT THUMB PRINT



**SECRET**

CONFIDENTIAL  
(When Filled In)

CONTRACT TYPE B SECURITY APPROVAL

DATE : 15 July 1964

YOUR REFERENCE: Memorandum dated 13 July 1964

CASE NO. : 131751

TO : WH/PERS

SUBJECT : TARASOFF, Anna A.

1. This is to inform you of Security Approval of the Subject person for Contract Type B employment as specified in your request under the provisions of Headquarters Regulation 20-53.

2. Unless arrangements are made within 60 days to contract with Subject within 120 days, this Approval becomes invalid.

3. This office is to be advised when a Contract is signed by Subject and when the Contract is terminated.

4. As a part of this contracting process:

☐ A polygraph interview must be arranged by your office.

☒ A polygraph interview is not necessary.

☐

*W. A. Osborne*  
W. A. Osborne

CHIEF, PERSONNEL SECURITY DIVISION, OS

**SECRET**

<b>REQUEST FOR APPROVAL OR INVESTIGATIVE ACTION</b> <small>(Please handcarry 1 copy of this form)</small>		DATE <b>13 July 1964</b>	
TO:	CI/Operational Approval and Support Division	FROM: <b>WH/PERS CH-4408</b>	
	<del>Personnel Security</del> X <del>Security Division/Office of Security</del>		
SUBJECT: (True name) <b>Tarasoff, Anna</b>		PROJECT <b>Station Support</b>	
CRYPTONYM, PSEUDONYM, AKA OR ALIASES		CI/OA FILE NO.	
		RI 201 FILE NO.	SO FILE NO. <b>131751</b>
<b>1. TYPE ACTION REQUESTED</b>			
<input type="checkbox"/> PROVISIONAL OPERATIONAL APPROVAL		<input type="checkbox"/> PROVISIONAL PROPRIETARY APPROVAL	
<input type="checkbox"/> OPERATIONAL APPROVAL		<input type="checkbox"/> PROPRIETARY APPROVAL	
<input type="checkbox"/> PROVISIONAL COVERT SECURITY APPROVAL		<input type="checkbox"/> COVERT NAME CHECK	
X <input checked="" type="checkbox"/> COVERT SECURITY APPROVAL <b>Type B</b>		<input type="checkbox"/> SPECIAL INQUIRY (SO field investigation)	
<input type="checkbox"/> COVERT SECURITY APPROVAL FOR LIAISON WITH U.S. OFFICIALS			
2. SPECIFIC AREA OF USE <b>Mexico City, Mexico</b>			
3. FULL DETAILS OF USE <p>Her principal responsibility will be to assist her husband, a Staff Agent, in the transcribing and processing of the Station's LIENVOY/LIFMICK product.</p> <p>Subject resigned from staff employee status on 8 September 1963.</p> <p><i>She has been with her husband in Mexico during interim period</i></p>			
<b>4. INVESTIGATION AND COVER</b>		YES	NO
A. U.S. GOVERNMENT INTEREST MAY BE SHOWN DURING INVESTIGATION?			X
B. CIA INTEREST MAY BE SHOWN DURING INVESTIGATION?			X
C. IS SUBJECT AWARE OF U.S. GOVERNMENT INTEREST IN HIM?		X	
D. IS SUBJECT AWARE OF CIA INTEREST IN HIM?		X	
E. INDICATE ANY LIMITATIONS ON COVERAGE IN THE INVESTIGATION OF SUBJECT.			
F. SUGGEST "COVER PRETEXT" TO BE USED IN CONDUCTING PERSONAL INVESTIGATION OF SUBJECT.			
IF NO INVESTIGATION OUTSIDE CIA, EXPLAIN FULLY			
<b>5. PRO AND GREEN LIST STATUS</b>			
<input type="checkbox"/> PRO 1. OR EQUIVALENT, IN (2) COPIES ATTACHED		<input type="checkbox"/> PRO 11 WILL BE FORWARDED	
<input type="checkbox"/> PRO 11. OR EQUIVALENT, IN (1) COPY ATTACHED		<input type="checkbox"/> GREEN LIST ATTACHED, NO:	
<b>6. RI TRACES</b>			
<input type="checkbox"/> NO RECORD	<input type="checkbox"/> WILL FORWARD	<input type="checkbox"/> NON-DEROGATORY	<input type="checkbox"/> DEROGATORY ATTACHED
<b>7. DIVISION TRACES</b>			
<input type="checkbox"/> NO RECORD	<input type="checkbox"/> WILL FORWARD	<input type="checkbox"/> NON-DEROGATORY	<input type="checkbox"/> DEROGATORY ATTACHED
<b>8. FIELD TRACES</b>			
<input type="checkbox"/> NO RECORD		<input type="checkbox"/> WILL FORWARD	
<input type="checkbox"/> NO DEROGATORY INFO.		<input type="checkbox"/> DEROGATORY ATTACHED	
<input type="checkbox"/> LIST SOURCES CHECKED			
<input type="checkbox"/> NOT INITIATED (Explanation)			
SIGNATURE OF CASE OFFICER  		EXTENSION <b>6577</b>	SIGNATURE OF BRANCH CHIEF <b>W.E. Brooks</b>

# DISPATCH

CLASSIFICATION

SECRET

PROCESSING ACTION

MARKED FOR INDEXING

NO INDEXING REQUIRED

ONLY QUALIFIED DESK  
CAN JUDGE INDEXING

MICROFILM

TO

Chief, MI Division

INFO

Chief, SR Division

FROM

Chief of Station, Mexico City

SUBJECT ADMINISTRATIVE/PERSONNEL

WAE Contract

ACTION REQUIRED - REFERENCES

REFERENCE: MEXI-9691

1. Transmitted under separate cover attachment are three copies of a signed field contract completed on the Subject of reference.

2. Her principal responsibility will be to assist her husband [redacted] (P) in the transcribing and processing of the Station's HENVOY/LITERICH product. The part-time employment of Subject will permit [redacted] to devote considerably more effort and concentration on the preparation of assessment studies on the USUAL complement.

*Millard C. Curtis*  
MILLARD C. CURTIS

Attachment:

As stated above (WFC) - W

Distribution:

2 - SHD, w/att  
1 - SHD, w/att

*Original - 17 July 64*  
*C/WH/SS*  
*WH/84F*  
*CPD 5669*  
*EFD/REAS 6-65*

CROSS REFERENCE TO

SECRET  
Excluded from automatic  
downgrading and  
declassification

DISPATCH SYMBOL AND NUMBER

MEXI-4046

DATE

12 June 1964

CLASSIFICATION

SECRET

HQS FILE NUMBER

15 J62  
Mrs. Anna A. Thaaroff

Dear Mrs. Thaaroff:

The United States Government, as represented by the Contracting Officer, hereby contracts with you, as a Contract Employee, for the use of your services and the performance of duties of a confidential nature under the following terms and conditions:

1. Compensation. In full consideration for the use of your services and the performance of specified confidential duties, you will be compensated in an amount calculated at the rate of \$2.50 per hour. Payments will be made as directed by you in writing in a manner acceptable to the Government. Taxes will be withheld therefrom and submitted by the United States Government.

2. Benefits. (a) You will be entitled to death and disability benefits equal to those authorized under the Federal Employees' Compensation Act, as amended. Claims by you, your heirs or legal representatives under this paragraph will be processed by the Government in accordance with its procedures in such manner as not to impair security.

(b) You will be entitled to sick and annual leave equal to and subject to the same rules and regulations applicable to Government employees. Such annual leave may only be taken at times and places approved in advance by appropriate representatives of the Government.

(c) You will be entitled to continuance of pay and allowances in a manner similar to that set forth in the Missing Persons Act (50 U.S.C.A., Ann. 1601-1915).

(d) The Government will withhold from the compensation due you under this agreement social security deductions in conformance with the basic social security legislation, as amended, and the procedures of this Organization. For reasons of security, all inquiries concerning your relationship to the social security system shall be made directly to this Organization, and in no event may any such problem be presented by you or on your behalf to any representative of the governmental unit responsible for implementing the social security program.

3. Execution of documents. If in the performance of services under this contract you assume the custody of Government funds or take title of record to property of any nature whatsoever and wherever situated, which property has, in fact, been purchased with moneys of the U.S. Government, you hereby recognize and acknowledge the existence of a trust relationship, either express or constructive, and you agree to execute whatever documents may be required by the Government to evidence this relationship.

4. Secrecy. You will be required to keep forever secret this contract and all information which you may obtain by reason thereof (unless released in writing by the Government from such obligation), with full knowledge that violation of such secrecy may subject you to criminal prosecution under the Espionage Laws, dated 25 June 1943, as amended, and other applicable laws and regulations.

5. Instructions. Instructions received by you from the Government in briefing, training or otherwise are a part of this contract and are incorporated herein, provided that such instructions are not inconsistent with the terms hereof.

6. Unauthorized Commitments. No promises or commitments pertaining to rights, privileges or benefits other than those expressly stipulated in writing in this agreement or any amendment thereto shall be binding on the Government.

7. Term. This contract is effective as of 10 May 1964 and shall continue thereafter for a period of two (2) years unless sooner terminated either:

(a) By thirty (30) days' actual notice by either party hereto, or

(b) Without prior notice by the Government in the event of a breach of this contract by your violation of the security provisions hereof or by your otherwise rendering yourself unavailable for acceptable service.

Subject to the availability of appropriations, this agreement may be extended upon notice from the Government. Termination of this agreement will not release you from the obligations of any security oath you may be required to take.

UNITED STATES GOVERNMENT

BY Winston M. Scott  
Contracting Officer

ACCEPTED:

Ana A. Tazarov  
Ana A. Tazarov

WITNESS: Hubert M. Murrell

APPROVED:

REVIEWED:

Special Contracting Officer



CLASSIFIED MESSAGE

SECRET

ROUTING

1	4
2	5
3	6

TO DIRECTOR

FROM [REDACTED]

ACTION: WHS

INFO: CI, CIPs, CIPs, SR 7, VR

SECRET 020219Z

2JUN63 95704

DIR CITE: [REDACTED]

RESCOT

IMMEDIATE ACTION

REF: HMVS-0081, 11 JUNE 1963

1. PER DISCUSSIONS WITH WALLACE A. DEMOLAT, STATION WISHES  
EMPLOY WIFE OF [REDACTED] ASAP TO ASSUME PART OF LATTER'S  
LIENVOY TRANSLATION AND TRANSCRIPTION DUTIES. WOULD FREE HIM TO  
CONCENTRATE MORE ON PREPARATION ASSESSMENTS-CHARACTERIZATIONS OF  
SOV COMPLEMENT.

2. REQUEST WGS INITIATE CLEARANCE. FORWARDING FIELD CONTRACT  
WHICH WILL BE IN ACCORDANCE REF.

SECRET

SECRET

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED

Copy No.

SECRET

Chief of Station, Mexico

XX

Chief, WHD

Wife of

Please inform Subject that her resignation from staff employee status has been processed and made effective as of 8 September 1963.

END OF DISPATCH

Distribution:  
2 Mexico City

MEMO-3145

23 September 1963

SECRET

WH/PERS

W.S. Renchan

ecm

7555

Distribution:  
1 - WH/Reg  
1 - WH/PERS

C/WH/3

<b>DISPATCH</b>		CLASSIFICATION <b>SECRET RYBAT</b>	PROCESSING ACTION
TO Chief of Station, Mexico			<input checked="" type="checkbox"/> MARKED FOR INDEXING <input type="checkbox"/> NO INDEXING REQUIRED <input type="checkbox"/> ONLY QUALIFIED DESK CAN JUDGE INDEXING <input type="checkbox"/> MICROFILM
FROM Chief, WHD			
SUBJECT Wife of [REDACTED]			
ACTION REQUIRED REFERENCES			

1. The wife of [REDACTED] has asked that she be considered for employment in a contractual capacity. She was advised that biographic information would be forwarded and that whether or not her services were used would be up to the Station.

2. Subject has previously submitted her resignation from staff status and was processed out effective 7 June and placed on 90 days LWOP. In the event there is a requirement for her services within the 90 day period, she may be hired in a contract capacity without further clearances. Her contract should contain provision for Civil Service coverage; other benefits would be in accord with her contractual status as outlined in FHB 20-1000-1. At the time the contract is forwarded Headquarters, a functional description of her duties should also be forwarded.

3. Subject is scheduled to leave with her two children by train in 16 June. She and the children will enter on tourist cards. They have also applied for regular passports.

END OF DISPATCH

Attachment:  
Biographic Profile, USC

Distribution:  
3 Mexico City, w/att. USC

CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER <b>HMM-S-2980</b>	DATE <b>11 June 1963</b>
	CLASSIFICATION <b>SECRET RYBAT</b>	HQS FILE NUMBER
ORIGINATING OFFICE: [REDACTED] OFFICER: [REDACTED] SLE COORDINATING OFFICE: [REDACTED] DATE: <b>14 JUN 1963</b> OFFICER'S NAME: <i>[Signature]</i>		
DISTRIBUTION: 1 - WH/2005		
RELASING		

**SECRET/RYBAT**

SEPARATE COVER ATTACHMENT

HMM-S-2980

DOB: 5 May 1923

POB: Cleveland, Ohio

HIGH SCHOOL GRADUATE: 1942

CHILDREN: Daughter - Barbara, 21 Dec 1943

Son - Raymond, 20 Mar 1949

EXPERIENCE: 1944 - 1945 Cleveland Trust Co., Cleveland, Ohio  
Commercial Bookkeeper

1955 - 1956 American Trust Co., San Leandro, Calif.  
Commercial Bookkeeper

8 Apr 1957 EOD KUBARK, Clerk, GS-4

14 Jul 1957 PBJointly, Clerk

9 Mar 1958 KUDESK, Intell Clerk

2 Nov 1958 Promotion, GS-5

8 Jan 1961 Promotion, GS-6

7 Jun 1963 LWOP for 90 days at end of which time  
resignation will be effected.

FITNESS REPORT: 30 June 1961 - 30 June 1962, Overall Rating "A"  
(Transliterated Russian Material "P")

TRAINING: Basic Supervisors, 2-13 May 1960

TEST: Russian, Reading "E"

**SECRET/RYBAT**

MEMORANDUM RECEIPT

7 June 1963

DATE

TO: , WH/Pers

FROM: Mrs. Anna Tarasoff

SUBJECT: Receipt of Advance of Funds for Transportation from  
Washington, D. C. to Mexico City

I hereby acknowledge receipt of the following:

\$525.00 in conjunction with Subject. It is understood that this advance is for ~~lowest~~ lowest first class rail travel Washington to Mexico City, Mexico and related costs, and anticipated per diem for three days for myself and two dependent children. Accounting for the advance will be submitted to the Mexico City Station.

Please return \_\_\_\_\_ signed copy(ies) of this receipt

*Anna Tarasoff*  
Anna Tarasoff

SIGNATURE OF RECIPIENT

7 June 1963

DATE RECEIVED

To \_\_\_\_\_

FORM NO. 752 REPLACES FORM 30-00  
1 AUG 53 WHICH MAY BE USED.

(22)

SECRET

7 June 1963

MEMORANDUM FOR: Personnel Security Division,  
Office of Security

SUBJECT: Mrs. Anna Tarasoff, Contract  
Employee Clearance

1. It is requested that clearance be granted for the employment of Mrs. Anna Tarasoff as a Contract Employee, Type A or B at the Mexico City, Mexico Station to provide clerical services.

2. Mrs. Tarasoff is presently a GS-6, staff employee. She is being reassigned to the CS Development Complement and placed on a 90 day LWOP status effective COB 7 June in order to join her husband.

3. In the event the Mexico Station can use her services she would be employed in a contractual capacity and her resignation from staff employee status would be effected the day prior to the effective date of contract.

4. In the event additional information is desired, please contact Mr. William Renchan, extension 7555.

W. E. BROOKS  
Chief, WH Support

**SECRET**  
(When Filled In)

*Paul James*  
DATE PREPARED

# REQUEST FOR PERSONNEL ACTION

**5 June 1963**

1. SERIAL NUMBER <b>005935</b>		2. NAME (Last-First-Middle) <b>TANADOFF, ANNA</b>							
3. NATURE OF PERSONNEL ACTION <b>LWOP AND REELECTION</b>		4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR <b>6 7 63</b>							
5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>		6. LEGAL AUTHORITY (Completed by Office of Personnel)							
7. COST CENTER NO. CHARGEABLE <b>327-1770-1000</b>		8. LOCATION OF OFFICIAL STATION <b>WASHINGTON, D.C.</b>							
9. FUNDS <table border="1"> <tr> <td><input checked="" type="checkbox"/> V TO V</td> <td><input type="checkbox"/> V TO CF</td> </tr> <tr> <td><input type="checkbox"/> CF TO V</td> <td><input type="checkbox"/> CF TO CF</td> </tr> </table>		<input checked="" type="checkbox"/> V TO V	<input type="checkbox"/> V TO CF	<input type="checkbox"/> CF TO V	<input type="checkbox"/> CF TO CF	10. ORGANIZATIONAL DESIGNATIONS <b>DDP CI STAFF CI DEVELOPMENT COMPLIMENT</b>			
<input checked="" type="checkbox"/> V TO V	<input type="checkbox"/> V TO CF								
<input type="checkbox"/> CF TO V	<input type="checkbox"/> CF TO CF								
11. POSITION TITLE <b>INTELL CLERK</b>		12. POSITION NUMBER <b>01 7771</b>							
13. CAREER SERVICE DESIGNATION <b>D</b>		14. CLASSIFICATION SCHEDULE (GS, LB, etc.) <b>GS</b>							
15. OCCUPATIONAL SERIES <b>0313.01</b>		16. GRADE AND STEP <b>6 4</b>							
17. SALARY OR RATE <b>5,545.</b>		18. REMARKS <p>FROM: DDP CI STAFF/SPECIAL INVESTIGATION GROUP/PROJECTS BR/INTELL CLK/WASH., D.C./0151</p> <p>Employee's last working day 7 June 1963.</p> <p>LWOP (HMB 10-1 Para. 10 a.) Leave of absence to accompany husband to new station - not to exceed 90 days.</p> <p>cc to security and finance</p>							
19. SIGNATURE OF REQUESTING OFFICIAL <i>Byron R. Burnes</i>		DATE SIGNED <b>5 Jun 63</b>							
19A. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODE <table border="1"> <tr> <td>NUMERIC</td> <td>ALPHABETIC</td> </tr> </table>	NUMERIC	ALPHABETIC	22. STATION CODE				
NUMERIC	ALPHABETIC								
23. RATE CODE	24. POSTAL CODE	25. DATE OF BIRTH MO. DA. YR.	26. DATE OF DEATH MO. DA. YR.						
27. DATE OF LEI MO. DA. YR.	28. RET. EXPIRES MO. DA. YR.	29. SPECIAL REFERENCE	30. PAYMENT DATA <table border="1"> <tr> <td>1 - CSC</td> <td>CODE</td> </tr> <tr> <td>2 - FICA</td> <td></td> </tr> <tr> <td>3 - NONE</td> <td></td> </tr> </table>	1 - CSC	CODE	2 - FICA		3 - NONE	
1 - CSC	CODE								
2 - FICA									
3 - NONE									
31. SEPARATION DATA CODE	32. CORRECT TRANSLATION DATA TYPE MO. DA. YR.	33. SECURITY REQ. NO.	34. DER						
35. VET. PREFERENCE CODE 0 - NONE 1 - 5 YR. 2 - 10 YR.	36. SERV. COMP. DATE MO. DA. YR.	37. LONG. COMP. DATE MO. DA. YR.	38. CAREER CATEGORY CODE CAREER PROG/TEMP						
39. SOCIAL SECURITY NO.	40. FEGLI / HEALTH INSURANCE CODE 0 - OTHER 1 - YES	41. STATE TAX DATA CODE FORM EXEMPTED 1 - YES 2 - NO	42. FEDERAL TAX DATA CODE FORM EXEMPTED 1 - YES 2 - NO						
43. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)	44. LEAVE CAT. CODE	45. POSITION CONTROL CERTIFICATION	46. G.P. APPROVAL DATE APPROVED						

**SECRET**

GROUP 1  
EXC. FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

LAST NAME OF PERSON		FIRST NAME	MIDDLE NAME	DATE OF ENTRY	FROM
TARASOFF		BARBARA		9.6.61	Detroit Jr.
PARENT OR GUARDIAN		OCCUPATION		DATE OF ENTRY/RECAL	
Baria Dietri Tarasoff		Analyst - U.S. Government		TO	
RESIDENCE		TEL		DATE OF RE-ENTRY	
5109 - 45th Street, N.W.		RM 2-6990		FROM	
RESIDENCE		TEL		DATE OF ENTRY/RECAL	
				TO	
PLACE OF BIRTH		DATE OF BIRTH	SCR	DATE OF RE-ENTRY & FROM	
Ohio		12.22.45	5		

Son. Raymond